



LOCAL BOARD OF HEALTH

CITY OF CALGARY HEALTH DISTRICT

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## 1976 ANNUAL REPORT

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## MEMBERS OF CALGARY LOCAL BOARD OF HEALTH

His Worship Mayor R. Sykes, Ex-officio (Chairman)

Dr. R. Truscott

Dr. M. H. MacDonald

Dr. N. Maguire

R. Welin, City Engineer, Ex-officio

Dr. D. Hosking, Medical Officer of Health, Ex-officio

## SENIOR STAFF - CITY OF CALGARY HEALTH DISTRICT

Medical Officer of Health - Dr. D. Hosking

Associate Medical Officer of Health - Dr. J. Z. Garson

Medical Officers - Dr. A. Donner

- Dr. D. Goldstein

Public Health Doctor - Dr. I. Peintner

Director - Public Health Nursing Program - Miss F. Moore

Assistant Director - Public Health Nursing Program - Miss B. Eggen

Chief Public Health Inspector - Mr. N. Bruce

Assistant Chief Public Health Inspector - Mr. F. Patton

Director - Public Health Dental Program - Dr. J. Willey

Supervisor of Dental Hygienists - Mrs. S. Monument

Co-ordinator - Calgary Home Care Service - Miss D. Wigmore

Co-ordinator - Focus: Family Planning - Mrs. J. Martindale

Nutritionist - Mrs. B. Maloff

Public Health Education Consultant - Mr. J. Seaborn

Business and Facilities Manager - Mr. M. Strachan

Administrative Assistant - Mrs. C. Radojevic



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## INTRODUCTION

During the year 1976 the City of Calgary has continued to grow, and the programs of the Calgary Local Board of Health have been expanding to meet the increased demand. As well as expansion of existing programs, the Calgary Local Board of Health has expanded into a number of new areas.

The first pages of this report give some demographic details of the city's population in 1976, together with information on morbidity and mortality. As in the past year there have been some minor changes in the tables to take full advantage of the computer resources provided by the Province.

The figures show that the city increased by 16,231 residents. The birth rate remains slightly above the national average, while death rate is slightly below. The specific causes of death recorded correspond closely with those for Canada as a whole.

Among the morbidity data recorded, it is notable that the venereal diseases continue to be very prominent. The figures recorded for cases of gonorrhea are considered to be somewhat misleading. They would appear to show an increase of some 30% over 1975. However, if 1975 is compared with 1974, then there was during that time period no apparent increase. It is considered that this is probably a false picture and arose from alterations in methodology and notifications. If, therefore, the 1976 figure be related back to 1974, then there has been an increase of a little less than 15% per annum over the two year period. This is in accordance with the trends that have been seen during the last several years and should be considered a more appropriate comparison. It remains the fact that gonorrhea is by a long way our most serious communicable disease problem. While efforts to deal with this at the clinical level remain the responsibility of the Provincial Division of Social Hygiene, the staff of the Board of Health have been increasing their efforts to provide public information and group teaching in this area, and will continue this endeavour.

Performance statistics of the individual programs are given in subsequent sections, and preceded by some brief comments by the Director of each of these Divisions.

Certain special events of the year 1976 may be noted. Most prominent perhaps was the "Swine 'Flu" program, and sufficient publicity has already been given to this episode. Suffice to say that the Board of Health stood ready to provide this facility, and extensive amounts of time and effort were put into organizing the necessary clinics. From the beginning public acceptance was low, dropping to zero following the anxieties that arose concerning side effects observed in the United States program. The effects of this withdrawal of nursing time from regular duties can be seen quite clearly in the report of the Nursing Division.

During the year the Board accepted responsibility for two completely new programs. The first of these was the Home Care Program, which had previously been administered by the Calgary Branch of the Victorian Order of Nurses. This program was taken over by the Board of Health on April 1st, and the administrative staff who had previously worked in the program were taken on to the establishment of the Board. The program has progressed well, and continues to show a steadily increased demand for this service.



...../Cont.'d.

A second program that was undertaken by the Board on April 1st 1976 was the Educational Program in Family Life and Family Planning which is described in this report under the title "Focus: Family Planning". This program had previously been under the administration of the Calgary Birth Control Association, funded by Federal grants. The staff involved and the program as a working entity was taken over by the Board, and since that time strenuous efforts have been made to expand the scope of this program to include a very close relationship with the work of the Nursing Division. Most encouraging progress has been made with this program.

Two Senior Members of Staff who joined the Board in 1976 should be mentioned. On the 1st November Dr. John Garson joined the Board as Associate Medical Officer of Health. Dr. Garson came to us from family practice in Saskatoon, Saskatchewan, and has had extensive training in paediatrics, public health practice and epidemiology as well as his many years experience in family practice. His contribution to the clinical programs of the Board and to the development of special projects which relate to new services has already been significant.

For several years the Board has been attempting to engage the service of a full-time Health Educator, and these efforts were brought to a successful conclusion in the fall of 1976 when Mr. John Seaborn joined the staff. Initially, this was a joint project with the Provincial Government, with Mr. Seaborn giving 50% of his time to the programs of the Board, but after a short time this arrangement was changed to allow for his 100% participation in the Calgary programs. Mr. Seaborn comes to us from the fields of education and the development of his role as a Consultant to all the professional members of staff is proceeding rapidly.

We gratefully acknowledge the continued co-operation, collaboration and assistance which has been available to us from many agencies in the Health and Social Service field within the city boundary. The opportunity to work with our colleagues in other organizations, both Government and voluntary, is very much appreciated by all the staff.

Expanding populations and expanding ambitions to provide new areas of service have done nothing to lighten the burdens which are carried by the staff. The quality of service they are providing remains at a high level, and the progress that has been made reflects the success of their efforts.

On behalf of the staff I would also like to express thanks to the members of the Board of Health for their support and guidance. The willingness of the Board to accept new responsibilities and to give their support to new concepts is a great stimulation to the staff in their daily work.

David J. Hosking  
Medical Officer of Health





POPULATION GROWTH - CALGARY 1972 - 1976

<u>Year</u>	<u>Births Residents Only</u>	<u>Deaths Residents Only</u>	<u>Natural Increase Births Minus Deaths</u>
1976	7,997	2,528	5,469
1975	7,784	2,519	5,265
1974	7,263	2,439	4,824
1973	7,224	2,373	4,851
1972	7,183	2,278	4,905

OVER-ALL POPULATION INCREASE  
VERSUS NATURAL INCREASE

<u>Year</u>	<u>Population Census</u>	<u>Over-All Increase</u>	<u>% Increase</u>	<u>Natural Increase Residents</u>	<u>+ Previous - Year</u>
1976	470,043	16,231	3.6	5,469	+ 204
1975	453,812	20,423	4.7	5,265	+ 441
1974	433,389	8,602	2.0	4,824	- 27
1973	424,787	12,010	2.9	4,851	- 54
1972	412,777	14,743	3.7	4,905	- 258

MARRIAGES AND MARRIAGE RATES - 1972 - 1976

<u>Year</u>	<u>No. of Marriages</u>	<u>Rate per 1,000 Population</u>
1976	4,874	10.7
1975	4,839	10.7
1974	4,716	10.9
1973	4,460	10.5
1972	4,270	10.3





LIVE BIRTHS BY AGE OF MOTHER AND BIRTH ORDER (INCLUDING ILLEGITIMATE BIRTHS) - NON-RESIDENTS ONLY - 1976

AGE OF MOTHER	B I R T H   O R D E R												TOTALS	INFANTS BORN WITH DEFORMITIES APPARENT AT BIRTH	SETS OF TWINS	SETS OF TRIPLETS
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th				
Under 15 years	3												3			
15 - 19 years	96	14											110	1	1	
20 - 24 years	183	126	43	5	1								358	3	6	
25 - 29 years	107	135	62	23	7	3	1						338	2	3	
30 - 34 years	33	44	36	9	4	2	2	1					131	1	2	
35 - 39 years	7	6	8	5	3	1	2	1	1	1			35	1		
40 years & over	2		3		1				1				7			
1976 TOTALS	431	325	152	42	16	6	5	2	2	1			982	8	12	
1975 (FOR COMPARISON)	372	312	137	54	23	6	3	3	2	2			914	10	12	



LIVE BIRTHS BY AGE OF MOTHER AND BIRTH ORDER (INCLUDING ILLEGITIMATE BIRTHS) - CALGARY RESIDENTS ONLY 1976

AGE OF MOTHER	B I R T H   O R D E R												TOTALS	INFANTS BORN WITH DEFORMITIES APPAR- -ENT AT BIRTH	SETS OF TWINS	SETS OF TRIPLETS
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th				
Under 15 years	4												4			
15 - 19 years	732	143	9										884	8	7	
20 - 24 years	1469	936	217	33	5								2660	25	21	
25 - 29 years	1131	1239	507	129	29	5	3	1					3044	27	29	2
30 - 34 years	256	426	283	109	25	17	5	2	1				1124	9	15	1
35 - 39 years	38	58	69	33	19	7	4	4	1	2			235	3	3	
40 years & over	5	5	14	8	6	3	4					1	46	2		
1976 TOTALS	3635	2807	1099	312	84	32	16	7	2	2		1	7997	74	75	3
1975 (FOR COMPARISON)	3504	2713	1092	301	99	39	22	7	2	2		3	7784	56	55	4







ILLEGITIMATE LIVE BIRTHS BY AGE OF MOTHER AND BIRTH ORDER - CALGARY - 1976

AGE OF MOTHER	O R D E R   O F   B I R T H												Total No. of Infants Born to Unwed Mothers	Residents	Non-Residents	No. of Mothers Previously Married	
	1st		2nd		3rd		4th		5th		6th +						
	Residents	Non-Residents	Residents	Non-Residents	Residents	Non-Residents	Residents	Non-Residents	Residents	Non-Residents	Residents	Non-Residents					
14 years & under	5	3											5	3	8		
15 years	22	4											22	4	26		
16 years	65	14	2	1									67	15	82		
17 years	88	18	5	1									93	19	112	1	
18 years	99	23	7	2	1								107	25	132	3	
19 years	80	8	15	6									95	14	109	3	2
20 - 24 years	152	27	72	19	31	7	3	2	3	1			261	56	317	47	1
25 - 29 years	41	4	31	2	28	5	14	6	5	4	2	3	121	24	145	54	2
30 - 34 years	17	1	13	1	9	1	8		5		3	1	55	4	59	32	1
35 - 39 years	3	1		2	2		1				4	1	10	4	14	6	2
40 years & over					2								2		2	1	
1976 TOTALS	572	103	145	34	73	13	26	8	13	5	9	5	838	168	1,006	147	8
1975 (FOR COMPARISON)	528	101	147	32	70	16	29	9	17	2	19	5	810	165	975	134	13



## V I T A L   S T A T I S T I C S

LIVE BIRTHS - 1972 - 1976

Year	Population	Births Incl. Non-Residents	Rate per 1,000 Population	Births Residents Only	Rate per 1,000 Population
1976	470,043	8,980	19.2	7,997	17.0
1975	453,812	8,697	19.2	7,783	17.2
1974	433,389	8,130	18.8	7,263	16.8
1973	424,787	7,988	18.8	7,224	17.0
1972	412,777	7,967	19.3	7,183	17.4

STILLBIRTHS - 1972 - 1976

Year	No. of Stillbirths Incl. Non-Residents	Rate per 1,000 Live Births Gross	Stillbirths Residents Only	Rate per 1,000 Live Births net
1976	80	8.9	65	8.1
1975	68	7.8	55	7.1
1974	63	7.7	53	7.3
1973	67	8.4	59	8.2
1972	68	8.5	63	8.8

MARRIAGES - 1976

The number of marriages performed in the City of Calgary in 1976 was 4,874.  
This represents a rate of 10.4 per 1,000 population.

DEATHS AND MORTALITY RATES - 1972 - 1976

Year	No. of Deaths Incl. Non-Residents	Rate per 1,000 Population	No. of Deaths Residents Only	Rate per 1,000 Population
1976	3,007	6.4	2,528	5.4
1975	2,992	6.6	2,519	5.6
1974	2,927	6.8	2,439	5.6
1973	2,762	6.5	2,373	5.6
1972	2,626	6.4	2,278	5.5





## THE CHIEF CAUSES OF DEATH ARE:

1. Diseases of the heart and circulatory system (Code No. A80 to A 88) accounted for 1,285 deaths. Vascular lesions affecting the central nervous system (Code No. A 85) accounted for 291 deaths.  

$$1,285 + 291 = 1,576$$
2. Neoplasms of all forms (Code No. A 45 to A 61) = 676
3. Violent and accidental deaths (Code No. AE 138 to AE 150) = 263
4. Diseases of the respiratory system (Code No. A 89 to A 96) i.e., Influenza, Pneumonia, Bronchitis, Emphysema, Bronchiectasis, etc. = 234
5. Diseases of the digestive system (Code No. A 98 to A 104) i.e., Peptic Ulcers, Hernia, Appendicitis, Cirrhosis of the Liver, Cholecystitis, etc. = 144
6. Alergic, endocrine system, metabolic and nutritional diseases, diseases of the blood forming organs (Code No. A 62 to A 68) = 96
7. Certain diseases of early infancy, including birth injuries, infection and prematurity (Code No. A 131 to A 135) = 75
8. Diabetes Mellitus (Code No. A 64) = 64
9. Symptoms, senility, ill-defined and unknown causes of mortality (Code No. A 136 to A 137) = 47
10. Diseases of the nervous system and sense organs (including Apoplexy) (Code A 72 to A 79) = 44





Deaths Within First Year of Life	1976		1975		1974		1973		1972	
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net
Number of Infant Deaths	159	115	140	100	128	91	115	86	139	105
Rate per 1,000 Live Births	17.7	14.4	16.1	12.8	15.8	12.5	14.4	11.9	17.4	14.6

Gross - Includes Non-Residents; Net - Residents Only

CAUSES OF INFANT DEATHS - 1976

A 1	Cholera	1
A 5	Enteritis and other diarrhoeal diseases	7
A 29	Other viral diseases	1
A 44	All other infective and parasitic diseases	1
A 66	Other endocrine and metabolic diseases	2
A 72	Meningitis	2
A 79	Other diseases of nervous system and sense organs	1
A 84	Other forms of heart disease	1
A 88	Other diseases of the circulatory system	1
A 89	Acute respiratory infections	2
A 92	Other pneumonia	3
A 101	Intestinal obstruction and hernia	5
A 104	Other diseases of the digestive system	2
A 127	Congenital anomalies of the heart	8
A 128	Other congenital anomalies of the circulatory system	3
A 130	All other congenital anomalies	18
A 131	Birth injury and difficult labour	16
A 132	Conditions of placenta and cord	4
A 134	Anoxic and hypoxic conditions not elsewhere classified	37
A 135	Other causes of perinatal morbidity and mortality	17
A 137	Symptoms and other ill-defined conditions	25
AE142	Accidents caused by fires	1
A 146	All other accidental causes	1





MATERNAL MORTALITY (INCLUDING NON-RESIDENTS) - 1972 - 1976

Year	Live Births	Number of Maternal Deaths		Rate per 10,000 Live Births
		Resident	Non-Resident	
1976	8,980	-	-	-
1975	8,697	-	-	-
1974	8,130	1	-	1.2
1973	7,988	-	-	-
1972	7,967	1	-	1.3

REPORTED CASES AND DEATHS FROM DIPHTHERIA,  
INFECTIOUS HEPATITIS, MEASLES, MENINGOCOCCAL INFECTION,  
PERTUSSIS, SALMONELLA INFECTION, ETC. - RESIDENTS ONLY - 1974-1976

COMMUNICABLE DISEASE	CASES			DEATHS			Mortality Rate Per 100,000 Population		
	1974	1975	1976	1974	1975	1976	1974	1975	1976
Diphtheria		1	7						
Infectious Hepatitis	212	170	100	3	1	1	0.7	0.2	0.2
Measles	1853	2030	103	1			0.2		
Meningococcal Infection	5	1	7	1			0.2		
Pertussis	20	78	72						
Rubella	359	2024	274						
Salmonella Infection	67	78	91			1			0.2
Syphilis	36	35	16	1			0.2		





## CAUSES OF DEATH BY AGE AND SEX (NON-RESIDENTS INCLUDED) - 1976

## ABBREVIATED LIST OF 15 CAUSES OF DEATH

	M A L E	F E M A L E	0 - 4 years	5 - 14 years	15 - 24 years	25 - 44 years	45 - 64 years	65 years +	TOTALS
1. Infective & parasitic diseases	13	14	10			2	6	9	27
2. Neoplasms - all forms	391	285	2	4	13	41	224	392	676
3. Allergic, endocrine system, metabolic & nutritional diseases, diseases of the blood forming organs	46	50	2	1	1	3	13	76	96
4. Mental, psychoneurotic & personality disorders (Alcoholism)	20	13			4	3	13	13	33
5. Diseases of the nervous system & sense organs (including Apoplexy)	25	19	3	1	5	2	14	19	44
6. Diseases of the circulatory system	702	583	2		2	33	252	996	1285
7. Diseases of the respiratory system	142	92	6		2	4	37	185	234
8. Diseases of the digestive system	93	51	8			20	56	60	144
9. Diseases of the genito-urinary system	20	15					8	27	35
10. Deliveries & complications of pregnancies, childbirth & puerperium									
11. Diseases of the skin & cellular tissue, diseases of the bones & organs of movement	4	8			1			11	12
12. Congenital malformations	23	13	32	1	2	1			36
13. Certain diseases of early infancy (including prematurity & birth injuries)	45	30	75						75
14. Symptoms, senility, ill-defined & unknown causes or mortality	23	24	25	2		2	3	15	47
15. Accidents, poisonings & violence	175	88	9	12	63	72	58	49	263





## Intermediate List of 150 Causes of Death

List No.	Cause of Death	Sex	TOTAL	Residents	Non-Residents	AGE AT DEATH					
						0 - 4 years	5 - 14 years	15 - 24 years	25 - 44 years	45 - 64 years	65 years +
NOTE: Reported death from Cholera (Code No. A 1) is a computer error. This is a false report.											
A 1	Cholera	M	1	1		1					
		F									
A 3	Paratyphoid fever and other salmonella infections	M									
		F	1	1						1	
A 5	Enteritis and other diarrhoeal diseases	M	8	6	2	5				1	2
		F	3	2	1	2				1	
A 6	Tuberculosis of respiratory system	M									
		F	1		1					1	
A 7	Tuberculosis of meninges and central nervous system	M									
		F	1		1						1
A 10	Other tuberculosis including late effects	M									
		F	1	1							1
A 21	Other bacterial diseases	M	3	3						1	2
		F	2	2							2
A 28	Infectious hepatitis	M									
		F	1	1						1	
A 29	Other viral diseases	M									
		F	2		2	1			1		
A 43	Other helminthiases	M									
		F	1	1					1		
A 44	All other infective and parasitic diseases	M	1	1		1					
		F	1	1							1
A 45	Malignant neoplasm of buccal cavity and pharynx	M	9	9						3	6
		F	2	2						1	1
A 46	Malignant neoplasm of oesophagus	M	6	4	2				2	1	3
		F	1	1							1
A 47	Malignant neoplasm of stomach	M	33	25	8				2	4	27
		F	10	8	2				1	2	7
	Carried Forward		88	69	19	10			7	17	54





List No.	Cause of Death	Sex	TOTAL	Residents	Non-Residents	AGE AT DEATH					
						0 - 4 years	5 - 14 years	15 - 24 years	25 - 44 years	45 - 64 years	65 years +
	Brought Forward		88	69	19	10			7	17	54
A 48	Malignant neoplasm of intestine, except rectum	M	22	20	2					7	15
		F	37	33	4					4	33
A 49	Malignant neoplasm of rectum and rectosigmoid junction	M	10	9	1					6	4
		F	8	6	2				1	1	6
A 50	Malignant neoplasm of larynx	M	3	1	2					2	1
		F	1		1					1	
A 51	Malignant neoplasm of trachea, bronchus and lung	M	101	85	16				1	42	58
		F	23	21	2				2	11	10
A 52	Malignant neoplasm of bone	M	1		1			1			
		F	3	2	1		1	2			
A 53	Malignant neoplasm of skin	M	5	4	1				1	3	1
		F									
A 54	Malignant neoplasm of breast	M	1	1						1	
		F	73	61	12				5	34	34
A 55	Malignant neoplasm of cervix	M									
		F	7	7					1	4	2
A 56	Other malignant neoplasm of uterus	M									
		F	6	4	2					4	2
A 57	Malignant neoplasm of prostate	M	43	37	6					7	36
		F									
A 58	Malignant neoplasm of other and unspecified sites	M	116	99	17			2	8	47	59
		F	83	65	18	1		5	6	26	45
A 59	Leukaemia	M	15	11	4			1	5	2	7
		F	10	8	2		2	1	2	1	4
A 60	Other neoplasms of lymphatic and haemopoietic tissue	M	22	19	3	1	1	1	2	7	10
		F	16	12	4				1	2	13
A 61	Benign neoplasms and neoplasms of unspecified nature	M	4	3	1				1		3
		F	5	5						1	4
	Carried Forward		703	582	121	12	4	13	43	230	401





List No.	Cause of Death	Sex	TOTAL	Residents	Non-Residents	AGE AT DEATH					
						0 - 4 years	5 - 14 years	15 - 24 years	25 - 44 years	45 - 64 years	65 years +
	Brought Forward		703	582	121	12	4	13	43	230	401
A 64	Diabetes mellitus	M	30	23	7					5	25
		F	34	32	2				2	1	31
A 66	Other endocrine and metabolic diseases	M	7	5	2					1	6
		F	9	7	2	2		1	1	2	3
A 67	Anaemias	M	4	4						1	3
		F	5	4	1					1	4
A 68	Other diseases of blood and blood-forming organs	M	5	5			1				4
		F	2	2						2	
A 69	Psychoses	M	2	1	1					1	1
		F	2	2							2
A 70	Neuroses, personality disorders and other non-psychotic mental disorders	M	18	15	3			4	1	7	6
		F	11	11					2	5	4
A 72	Meningitis	M	3	3		1	1			1	
		F	1	1		1					
A 73	Multiple sclerosis	M									
		F	2	2						2	
A 74	Epilepsy	M	5	4	1			1	2	2	
		F	1	1				1			
A 79	Other diseases of nervous system and sense organs	M	17	12	5	1		2		5	9
		F	15	14	1			1		4	10
A 80	Active rheumatic fever	M	1	1						1	
		F									
A 81	Chronic rheumatic heart disease	M	18	16	2				1	7	10
		F	22	15	7			1	1	6	14
A 82	Hypertensive disease	M	9	6	3						9
		F	15	14	1					2	13
A 83	Ischemic heart disease	M	422	351	71				15	128	279
		F	256	228	28				4	35	217
	Carried Forward		1619	1361	258	17	6	24	72	449	1051





List No.	Cause of Death	Sex	TOTAL	Residents	Non-Residents	AGE AT DEATH					
						0 - 4 years	5 - 14 years	15 - 24 years	25 - 44 years	45 - 64 years	65 years +
	Brought Forward		1619	1361	258	17	6	24	72	449	1051
A 84	Other forms of heart disease	M	40	36	4	1			3	8	28
		F	32	29	3				1	2	29
A 85	Cerebrovascular disease	M	113	98	15			1	1	19	92
		F	178	159	19				3	22	153
A 86	Diseases of arteries, arterioles and capillaries	M	80	66	14				1	11	68
		F	60	59	1				2	3	55
A 87	Venous thrombosis and embolism	M	18	14	4					1	17
		F	19	17	2				1	7	11
A 88	Other diseases of circulatory system	M	1	1		1					
		F	1	1							1
A 89	Acute respiratory infections	M	2	1	1	1					1
		F	2	2		1					1
A 90	Influenza	M	10	10						1	9
		F	11	11							11
A 91	Viral pneumonia	M									
		F	2	2							2
A 92	Other pneumonia	M	55	43	12	4		1		3	47
		F	45	42	3				3	2	40
A 93	Bronchitis, emphysema and asthma	M	36	32	4			1	1	8	26
		F	16	16						4	12
A 95	Emphysema and abscess of lung	M									
		F	1	1							1
A 96	Other diseases of respiratory system	M	39	33	6					11	28
		F	15	13	2					8	7
A 98	Peptic ulcer	M	15	9	6				1	4	10
		F	5	5					1	1	3
A 99	Gastritis and duodenitis	M	1	1						1	
		F									
	Carried Forward		2416	2062	354	25	6	27	90	565	1703





List No.	Cause of Death	Sex	TOTAL	Residents	Non-Residents	AGE AT DEATH					
						0 - 4 years	5 - 14 years	15 - 24 years	25 - 44 years	45 - 64 years	65 years +
	Brought Forward		2416	2062	354	25	6	27	90	565	1703
A 100	Appendicitis	M	4	4						4	
		F									
A 101	Intestinal obstruction and hernia	M	7	4	3	4					3
		F	4	1	3	1					3
A 102	Cirrhosis of liver	M	41	35	6				9	23	9
		F	22	18	4				6	12	4
A 103	Cholelithiasis and cholecystitis	M	4	3	1						4
		F	2	2							2
A 104	Other diseases of digestive system	M	21	13	8	1			3	6	11
		F	18	16	2	2				5	11
A 105	Acute nephritis	M									
		F	1		1						1
A 106	Other nephritis and nephrosis	M	6	3	3					4	2
		F	4	4						1	3
A 107	Infections of kidney	M	3	2	1						3
		F	3	2	1					1	2
A 109	Hyperplasia of prostate	M	2	1	1						2
		F									
A 111	Other diseases of genito-urinary system	M	9	8	1					1	8
		F	7	5	2					1	6
A 120	Other diseases of skin and subcutaneous tissue	M									
		F	1	1				1			
A 121	Arthritis and spondylitis	M	2	1	1						2
		F	3	3							3
A 124	Ankylosis and acquired musculoskeletal deformities	M									
		F	1	1							1
A 125	Other diseases of musculo-skeletal system and connective tissue	M	2	1	1						2
		F	3	3							3
	Carried Forward		2586	2193	393	33	6	28	108	623	1788





List No.	Cause of Death	Sex	TOTAL	Residents	Non-Residents	AGE AT DEATH					
						0 - 4 years	5 - 14 years	15 - 24 years	25 - 44 years	45 - 64 years	65 years +
	Brought Forward		2586	2193	393	33	6	28	108	623	1788
A 127	Congenital anomalies of heart	M	7	5	2	5		2			
		F	4	3	1	4					
A 128	Other congenital anomalies of circulatory system	M	1	1		1					
		F	2	1	1	2					
A 130	All other congenital anomalies	M	15	10	5	14	1				
		F	7	5	2	6			1		
A 131	Birth injury and difficult labour	M	14	11	3	14					
		F	2	1	1	2					
A 132	Conditions of placenta and cord	M	3	2	1	3					
		F	1	1		1					
A 134	Anoxic and hypoxic conditions not elsewhere classified	M	18	13	5	18					
		F	19	12	7	19					
A 135	Other causes of perinatal morbidity and mortality	M	10	7	3	10					
		F	8	5	3	8					
A 136	Senility without mention of psychosis	M	6	6							6
		F	3	3							3
A 137	Symptoms and other ill-defined conditions	M	17	16	1	13			2	1	1
		F	21	21		12	2			2	5
AE138	Motor vehicle accidents	M	44	31	13	3	2	19	14	4	2
		F	19	11	8	1	5	5	3	2	3
AE139	Other transport accidents	M	1	1			1				
		F									
AE140	Accidental poisoning	M	5	5					1	3	1
		F	3	1	2			2		1	
AE141	Accidental falls	M	29	21	8	1	1	2	3	6	16
		F	17	15	2				1	3	13
AE142	Accidents caused by fires	M	7	6	1			1	1	3	2
		F	4	4		1			1	2	
	Carried Forward		2873	2411	462	171	18	59	135	650	1840





List No.	Cause of Death	Sex	TOTAL	Residents	Non-Residents	AGE OF DEATH					
						0 - 4 years	5 - 14 years	15 - 24 years	25 - 44 years	45 - 64 years	65 years +
	Brought Forward		2873	2411	462	171	18	59	135	650	1840
AE143	Accidental drowning and submersion	M F	4	3	1		1	3			
AE144	Accidents caused by firearm missiles	M F	4	2	2		1	3			
AE145	Accidents mainly of industrial type	M F	5	3	2			2	1	2	
AE146	All other accidents	M F	6 1	6 1		2 1				2	2
AE147	Suicide and self-inflicted injury	M F	47 29	41 26	6 3		1	13 7	22 10	9 10	2 2
AE148	Homicide and injury purposely inflicted by other persons; legal intervention	M F	6 5	6 5				1 2	3 3	1	1
AE149	Injury undetermined whether accidentally or purposely inflicted	M F	17 10	15 9	2 1			3	4 5	5 5	5
	TOTAL		3007	2528	479	174	21	93	183	684	1852





SELF-INFLICTED DEATHS (SUICIDES) IN CALGARY - 1976

	10-14 Years		15-24 Years		25-44 Years		45-64 Years		65 yrs. & Over		TOTAL
	M	F	M	F	M	F	M	F	M	F	
1. Poisoning by solid and liquid substances			1	3	8	3	2	7	2	1	27
2. Poisoning by gases (except gases in domestic use)	1		2	1	4	1	2	2	1		14
3. Hanging, strangulation & suffocation			3		1	4	1			1	10
4. Submersion (drowning)				1				1			2
5. Injury by firearms & explosives			7	1	9	1	3				21
6. Injury by cutting and piercing instruments			1								1
7. Jumping from high place				1	1	1	1				4
8. Other and unspecified means			2								2
TOTALS	1		16	7	23	10	9	10	3	2	81



\* Age unknown

	Under 1 Year		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 49		60 Yrs. & Over		Total Cases
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Acute Food Poisoning				1																	2*
Amoebic Dysentery			1								2	4	1	1							9
Bacillary Dysentery	1	1	9	6	10	13	4	7	3		1	2	1	2	1	6	1	2		1	71
Diphtheria						1	1		2								1		1		7*
Infectious Hepatitis			1		4	2	3	2	4	17	9	12	11	2	9	3	10	7	1	3	100
Malaria			1								1	2	2								6
Meningococcal Infection			1							1	1	1			1	1		1			7
Ornithosis																		1	1		2
Pertussis	6	9	8	16	9	13	3	6	1			1									72
Puerperal Fever										1	1			4							6
Rubella (German Measles)	12	3	25	25	41	58	56	24	12	6	1	3	2			4		2			274
Rubeola (Red Measles)	2	2	17	17	18	16	10	15	4			1				1					103
Rocky Mtn. Spotted Fever											1										1
Salmonella Infection	8	3	6	4	3	2	4	1	3	6	2	5	2	5	5	5	10	7	2	8	91
Scarlet Fever & Streptococcal Sore Throat	1		10	11	24	26	10	15	5	8	5	6	3	3	6	4		3		1	141
Serum Hepatitis									2	1	4	2		1	3	3				1	17
Trichinosis													1								1
Tuberculosis, Pulmonary	1								1		3	1	1	5	1	1	8	2	4	3	31
Tuberculosis, Non-Pulmonary											1		2	3		1	1	3		2	13
Typhoid and Paratyphoid																					
TOTALS	31	18	79	80	109	131	91	70	37	40	31	41	26	26	26	29	31	28	9	19	954







REPORTED COMMUNICABLE DISEASES BY MONTH IN 1976

D I S E A S E	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL
Acute Food Poisoning			2										2
Amoebic Dysentery		1	2				3		1	1		1	9
Bacillary Dysentery		2		6	11		6	4	3	5	8	26	71
Diphtheria	1				2		2				1	1	7
Infectious Hepatitis	4	9	5	7	11	5	13	4	11	10	3	18	100
Malaria						2	1	1	1			1	6
Meningococcal Infection				1			1			3		2	7
Ornithosis												2	2
Pertussis	7	7	2	4	6	7	5	11	8	9		6	72
Puerperal Fever			1								5		6
Rocky Mountain Spotted Fever								1					1
Rubella (German Measles)	30	34	50	37	30	31	19	9	3	10	7	14	274
Rubeola (Red Measles)	6	5	16	14	7	7	3	2	3	4	12	24	103
Salmonella Infection	3	9	4	9	4	8	8	2	11	9	14	10	91
Serum Hepatitis	1	2	3	2	2		1	1	1	1	2	1	17
Strep throat and Scarlet Fever	8	16	15	3	6	10	20	13	7	13	7	23	141
Trichinosis									1				1
Tuberculosis, Non- Pulmonary	3	2	3		1	1	1	1				1	13
Tuberculosis, Pulmonary	3	1	1	2	5	1	5	2	1	5	1	4	31
TOTALS	66	88	104	85	85	72	88	51	51	70	60	134	954



VENEREAL DISEASE INCIDENCE - CALGARY - 1976

	1 - 4 Years		10 - 14 Years		15 - 19 Years		20 - 24 Years		25 - 29 Years		30 - 39 Years		40 - 59 Years		60 Years & Over		Age Not Stated		TOTALS
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Syphilis - Acquired Primary							1		2		1								4
Syphilis - Acquired Secondary											1		1						2
Syphilis - Acquired Tertiary															1				1
Syphilis - Acquired Latent - Early							1				2								3
Syphilis - Acquired Latent - Late									1					1	1	1			4
Syphilis - Acquired Type Undetermined							1				1								2
Gonorrhoea - All Forms			3	9	279	352	657	326	370	152	298	81	146	19	21	62	60		2,835
TOTALS			3	9	279	352	660	326	373	152	303	81	147	20	22	62	60		2,851







Clinic Attendance 2,366

Home Visits 838

PHN 135

Other Calls

(To Sanatorium - Employers, etc.) 43

Tuberculin Tests 2,597

At Clinic 1,402  
Outside Clinic 1,195  
Total Reactors 440

School Tuberculin Tests 12,445

Grade I Reactor Rate 0.22  
Grade IX Reactor Rate 1.1

Tuberculosis Cases - new, active

Case Rate Per 100,000 9.14  
Pulmonary 30  
Non-Pulmonary 13

Streptomycin Injections 101

Chemotherapy 150 (approx.)

or Chemophylaxis at any given time

X-RAY CLINIC - ALBERTA T.B. & R.D. ASSOCIATION

# PERSONS X-RAYED	PROBABLE T.B.		OTHER ABNORMALITIES			
	ACTIVE	INACTIVE	PLEURISY INACTIVE	FURTHER EXAMINATION REQUESTED	NON-T.B. CONDITIONS	TOTAL ABNORMALITIES
12,824		625	88	32	62	807



## COMMUNITY HEALTH NURSING DIVISION

It is my privilege to present a report for the Community Health Nursing Division of the Calgary Local Board of Health for the year 1976.

The Provincial Child Health Record came into use January 1976. As we are continuing to use an implied consent in our Child Health Centres and an individual series consent in the schools for immunization and examination procedures the Provincial record has been modified to allow for this type of consent. We are using the Provincial Nursing forms including the Public Health Nurses report. Therefore, statistics regarding our Nursing programs are recorded differently from former years and the tables included with the nursing report reflect this change in recording.

The Swine Flu Program made it necessary for us to re-schedule some of our programs e.g. the T.B. Skin Testing Program. This Program was conducted later in the school year and the total number of tests for 1976 does not include those usually done in the fall term. The cancellation of some of the Child Health Centre programs for the Swine Flu may also account somewhat for the decreased total clinic attendance for this year. It is noted however that the number of new infants and new preschoolers attending the centres has increased.

In order to evaluate our programs, briefs were requested from the staff and three consumer surveys were conducted. During March we held discussions with the staff and developed our program for the coming year. The changes in the program included:

1. Increased Health Teaching content in the first home visit to the family following the registration of a new baby. This visit now includes an assessment of the child's health and of the family as a whole.
2. Increased service to E.C.S. programs - the Community Health Nurse to be available for health teaching to the children, teachers and parents and to do a hearing test as possible.
3. The change to "positive" recording in the child health records in the schools. The retention of only the records for those children with health related concerns in the junior high schools.
4. Increased emphasis on geriatric programs.

The statistical table - Clinic - School and Group Service gives a break down of service by age and type of service. It will be noted that service was provided to 47,265 school children and 1,440 were referred for follow up. The totals for adults show we also provided service to 10,345 in this age group.

The totals regarding home visiting service show the diversity of ages and topics that are covered in the program. The Community Health Nurses continue to be very actively involved in Health teaching programs and attendance at these programs in 1976 totalled 74,502. In addition to home visits, service was provided in district offices (to 3,367 individuals) and by telephone (on 32,587 occasions). Our nursing time was increased at the Adult Day Centre this last year to







provide service for the increased enrollment at this school and our Community Health Nurses provided 179 pre-natal classes.

In April of this year, Mrs. Evelyn Nyberg retired as Supervisor of the Bowness District and Mrs. Elizabeth Dimitric was appointed as the Supervisor for the Bowness District. Mrs. Joyce Connors and Miss Catherine Broad retired from the Nursing Staff during 1976.

In May official opening ceremonies were held for the Anderson Road and Rundle District Offices.

In September the majority of the Child Health Centres went on to an appointment system and this seems to be working out very satisfactorily.

Over the year it was necessary to realign some of our nursing districts to provide increased nursing service in the high growth areas such as Forest Lawn and Rundle and I appreciate the co-operation of the staff that made this possible.

In conclusion, I would like to thank all the staff for the service they have provided to the citizens of Calgary over this last year and I would like to thank you Dr. Hosking on my own behalf and that of the staff for your support and guidance.

Frances M. Moore  
Director of Nursing



ATTENDANCE AT CHILD HEALTH CENTRES - 1976

<u>Infant Attendance</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>
New	6,374	6,760	6,068	6,237	6,308	6,401	6,871
Old	<u>16,400</u>	<u>18,760</u>	<u>17,953</u>	<u>19,184</u>	<u>19,856</u>	<u>26,251</u>	<u>25,513</u>
Total Infant Attendance	22,774	25,520	24,021	25,421	26,164	32,652	32,384

Pre-School Attendance

New	3,183	3,339	2,759	3,036	3,145	2,968	3,250
Old	<u>24,521</u>	<u>29,523</u>	<u>26,186</u>	<u>27,161</u>	<u>28,512</u>	<u>35,633</u>	<u>31,694</u>
Total Pre-School Attendance	27,704	32,862	28,945	30,197	31,657	38,601	34,944

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New Infants	6,374	6,760	6,068	6,237	6,308	6,401	6,871
plus							
New Pre-Schoolers Enrolled	<u>3,183</u>	<u>3,339</u>	<u>2,759</u>	<u>3,036</u>	<u>3,145</u>	<u>2,968</u>	<u>3,250</u>
	9,557	10,099	8,827	9,273	9,453	9,369	10,121

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CLINIC ATTENDANCE

	Number of Clinics	New Infant	Infant	New Pre- School	Pre- School	School Age	Adult	TOTAL	Average Attend- ance
A.M.	1,203	1,771	7,514	932	10,342	702	10,283	31,544	26.2
P.M.	1,759	4,444	15,371	1,978	18,585	1,338	16,135	57,851	32.9
EVENING	287	656	2,628	340	2,767	142	1,743	8,276	28.8





SUMMARY OF WORK DONE BY PHYSICIANS IN CALGARY CHILD HEALTH CENTRES - 1976

	INFANTS	PRE-SCHOOL	PRE-SCHOOL	SCHOOL AGE
	0 - 1 yr.	2 - 3 yrs.	4 - 6 yrs.	
No. of children examined	934	218	539	27
	DOCTORS	DENTISTS	EYE EXAMINERS	
No. of children referred	95	8	35	
Counselling in Minor Ailments.....	542	Counselling in Nutrition.....	93	
Denver Developmental Screening Tests... 691		Physical Examinations.....	1,569	
Minor Physical Ailments Found.....1,273		Major Defects Found.....	135	





PUBLIC HEALTH NURSING SERVICES - 1976Home Visits Re: Sickness and Health Education

## Provided to:

Infant.....10,128  
 Preschool..... 6,545  
 School..... 4,851  
 Adults.....15,947

## For these services:

T.B. (Patient)..... 454  
 T.B. (Other)..... 431  
 Communicable Disease..... 926  
 Prenatal..... 397  
 Postnatal..... 7,537  
 New Infant..... 7,665

Child Health..... 9,411  
 At Risk..... 1,728  
 Family Planning..... 3,642  
 Poison Safety..... 400  
 Child Abuse..... 129  
 Handicapped..... 1,184  
 Nutrition..... 4,192  
 Mental Health..... 903  
 Consultation..... 269  
 Social Problems..... 937  
 Chronic Disease..... 933  
 Nursing Procedure..... 260  
 Health Assessment..... 2,146

Conferences

Teacher-Nurse..... 2,730  
 Staff.....11,834  
 Parent..... 2,969  
 Other..... 1,607

Total Number Phone Calls.....32,587

Health Education to School and Community Groups

Expectant Parent Classes..... 179  
 Group Work..... 1,809  
 Film..... 1,844  
 Number Attending.....74,502

FLUORIDE DISTRIBUTION PROGRAM

CLINIC	NEW PRESCRIPTION	REFILL PRESCRIPTION	TOTAL
Bowness	1,040	575	1,615
City Hall	1,785	1,304	3,089
Forest Lawn	3,146	2,352	5,498
Haysboro	5,170	6,071	11,241
North Hill	1,943	3,720	5,663
Scarboro	1,107	849	1,956
Shaganappi	1,631	1,420	3,051
Thornhill	1,450	1,194	2,644
TOTALS	17,272	17,485	34,757



SERVICE BY ACTIVITY

Clinic, School and Group Service	TOTAL SEEN	Service by nurse	No. referred	Hearing	No. referred	VISION							Speech	No. referred	Developmental	No. referred	Health Screening	No. referred
						Visual Acuity	No. referred	Eye muscle balance	No. referred	Eye - other	No. referred							
Service by Age																		
INFANT	31690	29264	119	3977	24	165	9	1282	27	86	13	710	2	4335	19	4325	121	
PRESCHOOL	31990	29023	86	1958	39	3063	74	1257	35	300	15	2404	75	4316	29	2997	128	
SCHOOL	83287	47265	1440	12571	419	29512	3332	758	103	5548	119	888	30	43	4	12594	1497	
ADULT to 65	12624	9442	14	13		9	3			4	1	1	1			219	8	
ADULT 65-75	712	547	4	10		8	1			1	1	2		1		530	32	
ADULT 75+	455	350	3	6		8				1		4				384	12	
TOTALS	160758	115891	1666	18535	482	32765	3419	3297	165	5940	149	4009	108	8695	52	21049	1798	





GRADE I

GRADE I NO. PUPILS	TUBERCULIN TESTS ACCEPTED	% ACCEPTING TESTS	TUBERCULIN TESTS POSITIVE	% FOUND POSITIVE REACTORS
5333	4553	85.4	10	0.22

The group of 10 Positive Reactors includes:

7 Immigrants with 7 B.C.G.  
2 Others with B.C.G.

GRADE IX

GRADE IX NO. PUPILS	TUBERCULIN TESTS ACCEPTED	% ACCEPTING TESTS	TUBERCULIN TESTS POSITIVE	% FOUND POSITIVE REACTORS
5155	4270	82.8	47	1.1

The group of 47 Positive Reactors includes:

29 Immigrants with 23 B.C.G.  
3 Others with B.C.G.  
3 Previous Positive Reactors

STAFFCONTACTS (STAFF AND STUDENTS)

	NO. TESTED	NO. OF REACTORS	NO. X-RAYED	NO. TESTED	NO. OF REACTORS	NO. X-RAYED
SCHOOL	3124	70	1240	85	14	77
ADMINISTRATION	225	4				
MAINTENANCE & LIBRARY CENTRE	273	6				

TUBERCULIN SKIN TESTS

	SCREENING			CONTACTS OF T.B. CASES		
	NO. TESTED	NO. POS. REACTORS		NO. TESTED	NO. POS. REACTORS	
		NO B.C.G.	HAD B.C.G.		NO B.C.G.	HAD B.C.G.
INFANTS	4			16		
PRE-SCHOOL	19			47	4	
GRADE I	4,689	5	3	5		
GRADE 9	4,238	14	26	3		
SCHOOL OTHERS	166	7	2	39	5	
SCHOOL PERS.	3,639	48	25			
ADULT OTHER	1,289	80	235	455	102	5
TOTAL	14,044	154	291	565	111	5





GRADE 1 IMMUNIZATION STATUS - OCTOBER 1975

DISEASE	FULL %	LAPSED %	IN- ADEQUATE %	NONE %	UN- KNOWN %	TOTAL %	
Diphtheria	5642 68.0	1056 12.7	553 6.7	448 5.4	599 7.2	8298 100	
Tetanus	5645 68.1	1052 12.7	551 6.6	450 5.4	600 7.2	8298 100	
Polio	5177 62.4	836 10.1	1145 13.8	538 6.5	602 7.2	8298 100	
Smallpox	3319 40.1	384 4.6	12 .1	3991 48.1	592 7.1	8298 100	
Measles: LIVE VACCINE	6049 72.9		20 .2	1568 18.9	661 8.0	8298 100	
HAD DISEASE ONLY	501 6.0						
HAD LIVE MEASLES VACCINE & DISEASE	311						

GRADE 1 IMMUNIZATION STATUS - MAY 1976

DISEASE	FULL %	LAPSED %	IN- ADEQUATE %	NONE %	UN- KNOWN %	TOTAL %	
Diphtheria	7675 94.2	84 1.0	113 1.4	71 .9	205 2.5	8148 100	
Tetanus	7677 94.2	80 1.0	115 1.4	71 .9	205 2.5	8148 100	
Polio	7585 93.1	67 .8	195 2.4	94 1.2	207 2.5	8148 100	
Smallpox	2824 34.7	957 11.8	36 .4	4108 50.4	223 2.7	8148 100	
Measles: LIVE VACCINE	6198 76.1		15 .2	1681 20.6	254 3.1	8148 100	
HAD DISEASE ONLY	614 7.5						
HAD LIVE MEASLES VACCINE & DISEASE	363						



IMMUNIZATION REPORT - 1976

(D) DOSES = Total Doses Not Including the Completed and Reinforcing  
 (C) COMPLETED = The Last Dose in a Series  
 (R) REINFORCING = Booster Subsequent to a Series

	TETANUS & POLIO (BIAD)			SALK			SABIN			SMALLPOX	
	D	C	R	D	C	R	D	C	R	PRIMARY	REINF.
INFANTS				33	13	1	5,142	3,768	158	16	1
PRE-SCHOOL	1			616	257	23	2,830	2,468	4,740	303	62
SCHOOL	14			1,258	677	18	1,857	2,144	5,774	49	482
ADULTS	220	92	20	479	158	66	1,072	633	2,610	146	3,926
1976 TOTALS	235	92	20	2,386	1,105	108	10,901	9,013	13,282	514	4,471
1975 TOTALS (FOR COMPARISON)	157	29	17	2,081	665	131	27,075	7,442	10,470	782	6,245





# IMMUNIZATION REPORT - 1976

(D) DOSES = Total Doses Not Including the Completed and Reinforcing

(C) COMPLETED = The Last Dose in a Series

(R) REINFORCING = Booster Subsequent to a Series

	TRIPLE + POLIO (QUAD)			DIPH. & PERTUSSIS + TETANUS (TRIPLE)			DIPHTHERIA & TETANUS			TETANUS		
	D	C	R	D	C	R	D	C	R	D	C	R
INFANTS	13,098	5,047	49	97	127	297	29	10	11	4	1	
PRE-SCHOOL	1,042	433	37	900	623	7,247	156	122	852	2	2	16
SCHOOL	5	8	1	1		5	1,621	923	6,438	34	6	133
ADULTS							23	8	19	1,166	467	1,634
1976 TOTALS	14,145	5,488	87	998	750	7,549	1,829	1,063	7,320	1,206	476	1,783
1975 TOTALS (FOR COMPARISON)	18,197	5,035	81	10,995	492	10,298	7,374	892	5,001	2,745	425	1,267

It will be noted that the (D) Doses for 1976 is the total doses given for a series. In 1975 (D) Doses also included the (C) Completed and (R) Reinforcing doses.

In September 1976 the 3 year old booster was discontinued, reflecting the decrease in doses for "Triple", Diphtheria and Tetanus and Sabin from 1975.





IMMUNIZATION REPORT - 1976

(D) DOSES = Total Doses Not Including the Completed and Reinforcing

(C) COMPLETED = The Last Dose in a Series

(R) REINFORCING = Booster Subsequent to a Series

	MEASLES	RUBELLA	TYPHOID			RABIES			CHOLERA		
			D	C	R	D	C	R	D	C	R
INFANTS	36		2	1					8	6	
PRE-SCHOOL	5,614	4	86	34	5	2			72	26	11
SCHOOL	548	3,195	454	208	47	15	1		133	98	26
ADULTS	13	210	3,187	1,410	857	95	40	30	1,341	959	558
1976 TOTALS	6,211	3,409	3,729	1,653	909	112	41	30	1,554	1,089	595
1975 TOTALS (FOR COMPARISON)	5,590	816	7,741	2,001	887	86	8	22	3,891	1,593	466



IMMUNIZATION REPORT - 1976

(D) DOSES = Total Doses Not Including the Completed and Reinforcing  
 (C) COMPLETED = The Last Dose in a Series  
 (R) REINFORCING = Booster Subsequent to a Series

	TYPHUS			SCHICK TESTS	GAMMA GLOBULIN	DIPH-THERIA	PERTUSSIS	PLAGUE	SWINE FLU	
	D	C	R						MONO-VALENT	BI-VALENT
INFANTS					4	2	2			
PRE-SCHOOL	4	3	2		23					
SCHOOL	28	25	8	47	51	1				
ADULTS	418	322	185	651	178	18		3	5,227	8,268
1976 TOTALS	450	350	195	698	256	21	2	3	5,277	8,268
1975 TOTALS (FOR COMPARISON)	1,112	438	167	759	634	63		3		





PUBLIC HEALTH NURSING SECTION - STUDENT PROGRAM

<u>FOOTHILLS HOSPITAL</u>	<u>School of Nursing</u>	<u>DAYS</u>
	<u>2nd Year</u>	
	14 Students x 1 day =	14
<u>HOLY CROSS HOSPITAL</u>	<u>School of Nursing</u>	
	<u>2nd Year</u>	
	20 Students x 1 day =	20
<u>MOUNT ROYAL COLLEGE</u>	<u>Department of Nursing</u>	
	<u>2nd Year</u>	
	15 Students x 1 day =	15
<u>UNIVERSITY OF CALGARY</u>	<u>Faculty of Nursing</u>	
	<u>4th Year</u>	
	5 Students x 20 days =	100
	<u>2nd Year</u>	
	18 Students x 2 days =	36
	10 Students x 5 days =	50
	<u>3rd Year</u>	
	8 Students x 1/2 days =	4
	<u>Faculty of Medicine</u>	
	<u>Family Practice Medical Residents</u>	
	5 Residents x 1 day =	5
	<u>Pediatric Residents</u>	
	6 Residents	6
	<u>Pediatric Clinical Clerks</u>	
	3 Students	2.5
<u>UNIVERSITY OF ALBERTA</u>	<u>Faculty of Nursing - postbasic</u>	
	6 Students x 5 days =	30





GRACE HOSPITALObstetrical NursesDAYS

10 Nurses x 1 day =

10

MOUNT ROYAL COLLEGEMedical Office Assistant Student

1 Student x 3.5 days =

3.5

Total Number of Students - 121

296

SEMINARSGrace Hospital

3 P.H.N. x 1/2 days =

1.5

Mount Royal College, Department of Nursing

3 P.H.N. x 1/2 days =

1.5

Total Number of Students - 127

299





## DENTAL DIVISION ANNUAL REPORT - 1976.

Dental disease presents itself in three (3) major forms:

- (1) dental caries
- (2) periodontal disease
- (3) malocclusion.

Since there is no self-repair process, once established in the individual and left untreated, dental disease leads to the loss of natural teeth, often with debilitating consequences upon general health.

The prevalence of dental disease in the community continues to be a major public health problem. Preventive measures known to be effective are available but are not being sufficiently utilized. For a large segment of the population, there are inadequate treatment facilities and manpower to meet their needs. Therefore alternative methods of delivering comprehensive services including the use of auxiliary personnel, must be considered.

In order to provide and/or update standards and guidelines for more comprehensive services which will more effectively meet the health (dental) needs of the population, an increasing amount of attention is being focused on the study of health services in general. Health services research is concerned with the organization, staffing, financing, utilization, and evaluation of health services, hopefully to produce knowledge that will contribute to improve delivery of health care.

In view of the problems facing the Provincial Government today in the area of its public spending programs, social institutions are more and more being asked to provide "proof" of their legitimacy and effectiveness





in order to justify modern society's continued support. Increasing pressure is being put on public service and community program workers to evaluate their activities and to judge the worth of their programs.

Evaluation is an essential part of planning and management. It relates results to objectives or goals; it is the process of relating the actual achievement of a service or program to the results predicted in the plan. The measurement criteria (performance indicators) in program evaluation may be:

- i- purely subjective - a program may be evaluated in terms of what the people responsible for it believe it has accomplished.
- ii- objective - the program in question may be evaluated in terms of a model program encompassing certain standards.
- iii- a combination of subjective and objective factors. Whenever possible, program evaluation should be based on objective criteria in order to minimize the hazards of subjective interpretation.

Goals for dental activities have seldom been discussed. The dental profession is guided by an intuitive idea of what good dentistry is. Good community dentistry is often understood as good individual dentistry for all inhabitants of the community. Since the level of unmet need for dental treatment by most objective standards is high, need for a precise definition of goals has not arisen. Most dental activities are accepted as a step in the right direction. However, the complexity and cost of modern dentistry are increasing at such a rate that intuitive planning is no longer considered to be adequate, especially if dentistry is considered to be of public interest, a civic right, and not merely a matter between dentists and patients.

Goals in community health planning should be based on the values, needs and resources of the community in question. When analyzing goals a distinction should be made between dental health and dental care. Some





goals for dental care, e.g. equity of access, may concern social justice but do not necessarily lead to better dental health. It is generally agreed that good dental health for a whole community cannot be achieved by restorative treatment alone; good dental health habits are considered to be a better way to promote dental health. Existing research indicates that there are chances to attain an acceptable level of dental health if the community effort is systematically planned and executed. There are indications that a reduction in the prevalence of dental disease can be brought about by new and effective means in the future. Long-term planning should be flexible enough to respond to new opportunities.



# DENTAL DIVISION GOALS

41.

(With Sample Objectives and Indicators)

## Goal 1

*To effect systematic planning and sustained implementation of health education.*

### OBJECTIVE

To encourage people to use the existing health care system more intelligently and more effectively.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

### PERFORMANCE INDICATORS

- \* The improved utilization of clinical services by the Community.
- \* The sustained improvement of individual patient attitudes and oral health habits.

### OBJECTIVE

To inform parents and/or guardians of their children's dental defects and the possible consequences of such defects remaining untreated.

Clinical Dentists  
Dental Assistants

Dental Hygienists

### PERFORMANCE INDICATORS

- \* 2,145 dental examinations (with appropriate follow-ups) were conducted during 1976.
- \* 9,221 visual examinations (with appropriate referrals) were completed during 1976.

### OBJECTIVE

To ensure the individual is aware of and encouraged to follow good dental health practices.

Clinical Dentists  
Dental Assistants

Dental Hygienists

### PERFORMANCE INDICATORS

- \* 1,639 clinical educational sessions were conducted during 1976.
- \* 9,153 clinical educational sessions were conducted during 1976.
- \* Lessons, puppet scripts, educational materials, etc. were designed to be used with children of various ages.





Goal 2

*To provide the highest quality  
of treatment services  
to the children of Calgary.*

OBJECTIVE

To provide diagnostic and prognostic services on request.

Clinical Dentists  
Dental Assistants

PERFORMANCE INDICATORS

- \* 5,156 appointments were assigned during 1976.

OBJECTIVE

To provide treatment services (fillings, extractions, crowns, etc.)

Clinical Dentists  
Dental Assistants

PERFORMANCE INDICATORS

- \* 3,437 teeth were completed during the 1976 year.
- \* 584 teeth were extracted during the 1976 year.

OBJECTIVE

To provide minor preventive orthodontic therapy.

Clinical Dentists  
Dental Assistants

PERFORMANCE INDICATORS

- \* 192 appliances were inserted during the 1976 year.

OBJECTIVE

To provide emergency dental health care services for the relief of pain and/or anxiety.

Clinical Dentists  
Dental Assistants

PERFORMANCE INDICATORS

- \* 215 emergency cases were handled during 1976.



Goal 3

To provide preventive treatment services for the purpose of reducing dental disease.

OBJECTIVE

To provide prophylaxes (tooth-cleaning) on request.

Clinical Dentists  
Dental Assistants

Dental Hygienists

PERFORMANCE INDICATORS

\* 1,555 prophylaxes were completed during 1976.

\* 9,173 prophylaxes were completed during 1976.

OBJECTIVE

To provide the application of topical fluoride on request.

Clinical Dentists  
Dental Assistants

Dental Hygienists

PERFORMANCE INDICATORS

\* 1,488 patients were treated with topical fluoride during 1976.

\* 9,156 patients were treated with topical fluoride during 1976.

OBJECTIVE

To promote the use of dietary fluoride supplements for those children not on communal water fluoridation.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

PERFORMANCE INDICATORS

\* 34,757 fluoride prescriptions were dispensed by the Local Board of Health.





Goal 4

*To correlate dental health activities  
at the local level with  
health programs at  
school level.*

OBJECTIVE

To initiate and promote the development of effective dental health programs in school curriculums.

Dental Hygienists

PERFORMANCE INDICATORS

- \* The initiation of 2 pilot programs (flossing, mouth rinsing) in the Calgary School System which emphasize the role of prevention in dental health.

OBJECTIVE

To perform cursory oral examinations on children within the school environs.

Dental Hygienists

PERFORMANCE INDICATORS

- \* 1,217 oral examinations were completed during the 1976 year.

OBJECTIVE

To provide classroom instruction and/or information (on request) on dental health topics.

Dental Hygienists

PERFORMANCE INDICATORS

- \* 21,434 students were instructed regarding various aspects of dental health during 1976.

OBJECTIVE

To involve students (and teachers) in participatory learning activities (brushing, flossing, mouthrinsing, etc.) to encourage the establishment of personal preventive dental health habits.

Dental Hygienists

PERFORMANCE INDICATORS

- \* 3,961 Grade 3 students participated in organized brush-ins during 1976.
- \* 461 Grade 5 students participated in flossing sessions during 1976.



Goal 5

*To correlate dental health activities at the local level with health programs at preschool level*

OBJECTIVE

To develop meaningful dental health programs within Calgary's pre-school system.

Dental Hygienists

PERFORMANCE INDICATORS

- \* Puppet plays, prepared by the hygienists, were presented to 9,325 preschool children.
- \* Five week dental health programs were developed for 3 City Day Care Centres during the summer months.

OBJECTIVE

To provide clinical information-orientation activities for preschool groups on request.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

PERFORMANCE INDICATORS

- \* A total of 11 field trips to dental division clinical areas, were handled during 1976.

OBJECTIVE

To provide resource personnel to discuss dental health topics with parents of pre-school children.

Dental Hygienists

PERFORMANCE INDICATORS

1 talk was given to parents at the Victoria Park Day Care Centre.





Goal 6

*To enlist the support of all individuals, groups and agencies dedicated to the promotion of individual health.*

OBJECTIVE

To encourage health professionals to become more effective educators of the public by making them aware of the magnitude of the dental disease problem, and the types of services and facilities available to combat it.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

PERFORMANCE INDICATORS

- \* 14 visits were made to the various clinics by pediatric residents, etc.
- \* A total of 13 presentations were made to the public health nurses within the Calgary Health District, Local Board of Health.

OBJECTIVE

To stimulate and conduct public informational and educational programs designed to improve the health and welfare of the community.

Dental Hygienists

PERFORMANCE INDICATORS

- \* 1 presentation was offered on a local television station.
- \* Talks on various dental topics were presented to a wide variety of community groups including residents at Bow Centre, parents at Victoria Park Day Care Centre, children at Spruce Cliff After School Care Centre and the Children's Service Centre, instructors and boys involved in the Beaver Groups.



Goal 6 (continued..)

*To enlist the support of all individuals, groups and agencies dedicated to the promotion of individual health.*

OBJECTIVE

To encourage and assist students in preparing, qualifying and establishing themselves in health careers.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

Dental Hygienists

PERFORMANCE INDICATORS

- \* A total of 55 visits were made to various clinics by dental hygiene students, dental assistant students from S.A.I.T., nursing students, dietetic internes during the 1976 year.
- \* 1 career day presentation was shown and discussed at Bishop Grandin High School.
- \* Increasing requests for dental health education information, etc. from students.
- \* Lectures on various dental topics were presented to 30 dental assisting students at S.A.I.T. and 48 students enrolled in the Day Care Program at Mount Royal College.

OBJECTIVE

To establish and promote liaison and cooperation with and between other organizations concerned with health care.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

PERFORMANCE INDICATORS

- \* Members of the dental division served on a total of 2 task forces and committees.
- \* The dental division handled 41 requests for specific statistical information from various supporting agencies.
- \* A total of 19 fee estimates were validated for government agencies.
- \* 1 presentation was made to staff members at Spruce Cliff Centre.
- \* The dental division processed numerous requests for advice and information from health professionals.

OBJECTIVE

To reduce dental misunderstandings by education of people about the scope and limitations of dentistry.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

PERFORMANCE INDICATORS

- \* Numerous requests for information and advice from the general public by means of telephone calls and personal contacts, were processed by the dental division staff.





ANNUAL REPORT FOR THE ENVIRONMENTAL HEALTH INSPECTION DIVISION

CITY OF CALGARY HEALTH DISTRICT

The City of Calgary is divided into 18 districts. Every establishment that the public has access to, is inspected one or more times during the year by the assigned inspector. With the addition of three new inspectors, all areas of inspection were well covered as indicated in the statistical report which follows this report.

There were 102 sets of plans submitted to the Assistant Chief Inspector for his approval. This includes a complete check of the plans and numerous on-site inspections.

The Dairy Division is continuing to lift samples from the two operating dairies. Silverwood Dairy has closed down and has been taken over by Alpha Dairy, which has had to increase the milk handling facilities to be able to handle the demands placed on them. This transaction was completed as of the end of December.

Palm Dairy also had to increase their manufacturing equipment to handle the increased population demand.

The Housing Inspector, working in conjunction with the District Health Inspectors, and with other departments such as Fire, Electrical, Mechanical Inspection and minimum maintenance, has proved very beneficial. Requests for inspections are sent to the departments concerned and the resultant reports are useful in dealing with housing conditions when problem housing has been encountered in areas which have been designated as neighborhood improvement areas. The R.R.A.P. program has been of great assistance in the upgrading of the older areas of housing.

The Health Education Inspection Division had a very active year. Programs were presented to the following groups:

<u>No. of Presentations</u>		<u>Attendance</u>
1	University of Calgary	23
4	S.A.I.T.	77
10	Vocational Schools	309
35	Secondary Schools	962
6	Elementary Schools	665
21	Food Industry Staff	491
3	Service Clubs & Church Groups	156
2	C.R.A. Course #1 (2 day program)	204
9	C.R.A. Course #2 & #3 (1 day program)	308
2	Public Health Inspectors (Inservice)	26
7	Public Health Nurses (Orientation)	52
3	Dietetic Interns	3
8	Other	102

The total presentations were one hundred - thirteen (113) with a total attendance of 3,356.

The programs presented in the elementary schools in conjunction with Public Health Nurses have been very successful.

The Inspection Division is continuing to receive most favorable comments from the local media as a result of our health education programs. National and Provincial exposure was also most favorable as a result of the Inspection Division's participation at the National Sanitation Training Program held in conjunction with the C.R.A. Midwest Show in Edmonton.



Several changes and revisions to the C.R.A. National Sanitation Training Program took place during 1976. Calgary's Inspection Division still leads the nation in the number of programs presented and attendance.

There were also presentations on Radio, T.V. and to the press. There were 84 requests for Public Health posters and pamphlets filled.

There were numerous changes in the Calgary Exhibition and Stampede during the year. This was the first year for Canada's Conklin shows since the last war. This was a very clean operation and they were most cooperative with The Local Board of Health. All rides were monitored and found satisfactory.

The inauguration of a new food commissary operated by the Stampede Board was most successful. Food came from inspected sources which made the inspector's work easier. All food concessions were inspected numerous times each day and night. All public facilities were regularly checked and the Stampede staff are to be commended on their cleanliness. Due to the constant inspection of all food concessions, there were very few complaints received.

I am pleased to express once more my appreciation for the continued support and counsel received from the Medical Officer of Health, the Assistant Medical Officer of Health and the Public Health Nursing Staff. Also, I wish to commend the Inspectional Staff on a job well done. Their cooperation has been greatly appreciated.

Respectfully submitted,

N.L. Bruce, C.S.I (C), M.R.S.H.  
Chief Public Health Inspector







STATISTICAL SUMMARY OF DISTRICT INSPECTIONSDETAILED REPORT - 1976

	<u>Number Established as of December 31, 1976</u>	<u>Number of Inspections Made</u>
Alcoholic Beverage Sales	194	2,342
Animals - Complaints		475
Apartment Blocks	387	578
Arcades, Bowling, Billiards	51	265
Bakeries, Wholesale	16	167
Bakeshops, Retail	93	954
Barber Shops	169	731
Beauty Parlors	280	960
Boarding Houses	8	7
Bottling Works	8	47
Breweries	2	9
Butchers	134	1,282
Camp Grounds	1	18
Caterers	26	212
Chicken Slaughter Houses		2
Chinchillas	20	10
Cold Storage Plants	4	13
Concessions	7	2,111
Conventions		6
Dairy Bars	25	163
Delicatessen	39	508
Dry Cleaners	130	262
Factories		89
Feed Lots	2	13
Fish Markets		18
Fish Wholesale		6
Food Processors	10	96
Food Stores	466	5,020
Garbage - Complaints		911
Halls	124	171
Hatcheries		11
Hawkers	30	131
Health Parlors	34	193
Health Education		95
Home Occupations	9	49
Hospitals	9	51
Hostels	1	18
Hotels	71	340
Housing		1,468



	Number Established as of December 31, 1976	Number of Inspections Made
Incinerators - Approved		17
Infestations - Complaints		215
Institutions	184	835
Kennels	8	17
Laboratory - Trips to	3	940
Lanes - Complaints		488
Laundries	60	328
Meat Processing	2	29
Meetings		396
Miscellaneous		2,412
Mobile Canteens	3	69
Noxious Gases		105
Office Buildings	62	334
O.P.C. - Beer & Wine		64
O.P.C. - Beverage Rooms		181
O.P.C. - Cocktail Lounges		521
O.P.C. - Drinking Fountains		6
O.P.C. - Restaurants		3,369
O.P.C. - Swimming Pools		7
O.P.C. - Swimming Pool Decks		35
O.P.C. - Turtle Water		4
Pet Shops	28	144
Pigeon Complaints		4
Pigeon Lofts	23	6
Poultry Complaints		5
Rendering Plants	1	21
Restaurants	809	10,513
Riding Academies		1
Rinks, Roller & Ice	21	52
Rodents - Complaints		13
Rooming Houses	11	20
Salvage - Metal & Paper	3	29
Schools	42	84
Second Hand Clothing Stores	7	5
Septic Tanks		3
Service Stations	36	21
Shopping Centres	34	375
Slaughter Houses	5	5
Staff Cafeterias	26	268
Swimming Pools	72	477
Theatres	15	72
Toilet Accommodations-Public & Industrial		359
Trailers - Complaints		26
Trailer Courts	6	58





Number Established  
as of December 31, 1976

Number of Inspections  
Made

Unsightly Premises - Complaints		144
Upholsterers	29	31
Used Car Lots - Complaints	16	6
Warehouses	104	188
Waste Disposal - Complaints		108
Waste Disposal Grounds	3	9
Water Pollution - Complaints		15
Wells	231	478
Wells - O.P.C.		160
Wells - Chemical		173

FOOD STUFFS CONDEMNED

February	-	1 lb. Hamburger Patties
March	-	1 lb. Creamed Hamburger Sauce
April	-	2 lbs. Swanson T.V. Dinners 1 doz. Cream Puffs (Pastry)
May	-	30 lbs. Beef 200 lbs. Flour
July	-	10 lbs. Assorted Cured Meats
November	-	8 cans Canned Tomatoes

MISCELLANEOUS PROCEDURES

License Transfers	264	Notices - Verbal	7,643
Complaints	2,115	Notices - Written	305
Complaints Call Back	1,379	Written Reports	2,610
Requests for Inspections	592	Letters	482



DAIRIES AND MILK CONTROL - 1976

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTALS
Milk Plant Inspections		2			1		2		2				7
Permits Issued to Milk Plants	2												2
Retail Store Inspections	91	88	23	79	49	95	27	43	74	68	76	68	781
Complaints - Received	2	1	1	3	1	3	6	2		7	1		27
Complaints - Justified	2			2		2	5	2		5	1		19
Notices Issued - Verbal	3	5	5	6	6	14	66	11	4	7	9	2	138
Notices Issued - Written	12	10	6	6	14	20	12	14	9	8	8	9	128
Special Tests			1			1							2
Division 33 (Repeat) Samples	62	61	46	40	83	70	61	81	33	60	34	25	656
Distributors' Samples Collected - TOTAL	102	91	109	97	99	94	91	112	88	75	87	118	1163
Milk Shake and Soft Ice Cream Samples (Dairy Bars)		14	5	13	37	32	46	28	22	19	28	14	258
Retail Store Samples	69	85	65	86	96	76	41	62	65	52	59	60	816
TOTAL Samples Collected	345	357	261	332	386	407	357	355	297	301	303	296	3997

AVERAGE OFFICIAL PLATE COUNT - 1976

CARTONS

Homogenized - 2 litre	△	3000
Homogenized - 1 litre	△	3000
Homogenized - 500 ml.	△	3000
Skim - 1 litre	△	3000
Chocolate - 1 litre	△	3000
Partly Skim - 2 litre	△	3000
Partly Skim - 1 litre	△	3000
Partly Skim - 250 ml.	△	3000
Substandard Cream		
500 ml.	△	3000
Whip Cream - 250 ml.	△	3000

PLASTIC - POUCH PAK

Homogenized - 1 1/3 litre	△	3000
Partly Skim - 1 1/3 litre	△	3000

AVERAGE BUTTER FAT CONTENT - 1976

Homogenized Milk	3.31	Skim Milk	.06	Partly Skim Milk	2.13
Substandard Cream	10.53	Whipping Cream	35.72		







## ANNUAL LABORATORY REPORT FOR 1976

We have successfully completed another year of analytical Services for the Local Board of Health, City of Calgary.

The total volume of samples and the workload in general has increased from 1975 by approximately 900 samples, or 7% of the total volume.

This phenomenon reflects the rapid population and industrial expansion within the City of Calgary Health District which in turn creates new problems connected with the increased usage of biocides, detergents, oil and greases etc. Accidental spillages of organic and/or chemical origin, shock pollutions caused by sudden downpours or rapid and erratic snow melting, all add to the increased workload of the lab.

The lab. personnel have attempted to enlist the support of allied agencies dedicated to the promotion of better health in the community. To this end they have worked with:

1. The University of Calgary, Chemical Engineering Faculty spot-checking oils and greases on the Bow River.
2. Environment of Canada, Analytical Services, Calgary on the use of biocides within the Calgary Health District.

Similar studies are contemplated in the future on a more frequent basis in order to give the local population the greatest possible protection.

The chemical and bacteriological monitoring of approximately 800 private wells within the City's perimeter is also being maintained. This serves to not only protect the users of these waters but aids in better understanding of problems connected with the subsurface water supplies.

The detailed functions of this laboratory are as follows:

### WATER:

- a) Responsible for final qualitative determinations of all drinking water supplied by the City of Calgary through its two treatment plants.
- b) Evaluating and plotting the safety level for human consumption according to 'The Canadian Drinking Water Standards' of connected, superchlorinated and reflushed new water mains and interconnections.
- c) Determining the origin of the reported water seepages when other detecting methods have failed.
- d) Handling all complaints from the individual water users and from the industrial sector, including consultations and liaison work with the public at large, industry and other City Departments.

MILK: Responsible for qualitative evaluations of all processed milk products in the City of Calgary at the plant and retail levels.

FOOD: Conducting bacteriological (Swab Tests), chemical and microscopic examinations of beverages, soft drinks, cereals, adulterated solid and liquid food, foreign matter etc.



HIGHLIGHTS FROM MONTHLY REPORTS

The average annual water consumption per person per day, including the industry in Calgary has reached 180 gallons (173 gallons in 1975).

The raw water bacteriological and chemical quality of the Glenmore Reservoir has been very stable in 1976. The Bearspaw Reservoir is more erratic, although the bacteriological quality has improved to some degree.

The regular sampling of the Elbow River discharging into Glenmore Reservoir (Weasel Head) began on February 16th as compared with April 14th in 1975.

The Elbow River froze over at the intake of the Glenmore Reservoir on December 6th as compared with November 21st in 1975.

In closing, the Lab. staff is very appreciative of the help and advice given throughout the year by Dr. David Hosking, Medical Officer of Health. We would also like to thank Dr. E. Laishley, University of Calgary for his constructive advice on biological matters during 1976, and a word of thanks for their cooperation goes to many members of the Local Board of Health affiliated with our work, to other City Departments and Agencies.





LABORATORY REPORT FOR 1976

PERCENTAGE BREAKDOWN

		Total Number of Tests	Percentage of Total Number of Tests
WATER	City Water, Water Treatment Plants (Glenmore, Bearspaw), Waterworks	26,649	44.30
	Wells	8,249	13.74
DAIRY PRODUCTS	Pasteurized Milk, Homo, Partly Skimmed, Skimmed, Cream, Whipping Cream, Cottage Cheese, Fat Anal., Phosphatase Tests, Soft Ice Cream, Butter Milk	16,026	26.64
MISC. TESTS	Chemical Analysis, Swab Tests, Bacteriology, Microscopy, Soft Drinks, Cereals, Foreign Matter	9,220	15.32
	GRAND TOTAL	60,144	100.00

SUMMARY: Total Number of Samples Received from all Sources.....13,991

Total Number of Tests (Analyses) Completed on These Samples:

Water Supplies.....34,898

Dairy Plants.....11,008

Store Milks, Milk Products..... 5,018

Miscellaneous..... 9,220

Grand Total Number of Tests.....601,244



## EXAMINATION OF WATER SUPPLIES

## Detailed Report for 1976

Source of Sample	Number of Samples Received	Fermentation Tests	Agar Plate Count	Results Positive Presumptive Test	Additional Treatment, Confirmation Tests	NOT Meeting Canadian Standard	Total Number of Tests
City Water	2,344	5,558	4,688	124	56	0	10,426
Bearspaw Plant Glenmore Plant Treatment Stage	1,144	10,052	2,288	592	430	0	13,362
Waterworks	530	1,620	1,060	93	88	0	2,861
Well Water	948	5,967	1,896	181	205	0	8,249
TOTALS	4,966	23,197	9,932	990	779	0	34,898

## EXAMINATION OF MILK SUPPLIES - PLANTS

Number of Samples	Phosphatase, Fat Specific Gravity, Total Solids, Non-Fat Tests	Coliforms VRA Agar	Plate Count TGME Media	Initially NOT meeting Prov. Stand.	Total No. of Tests
2,014	2,807	4,018	4,183	485	11,008

## STORE MILKS AND MILK PRODUCTS

Number of Samples Received	Coliforms VRA Agar	Plate Count	Initially NOT Meeting Prov. Stand.	Total Number of Tests
1,238	2,476	2,542	386	5,018

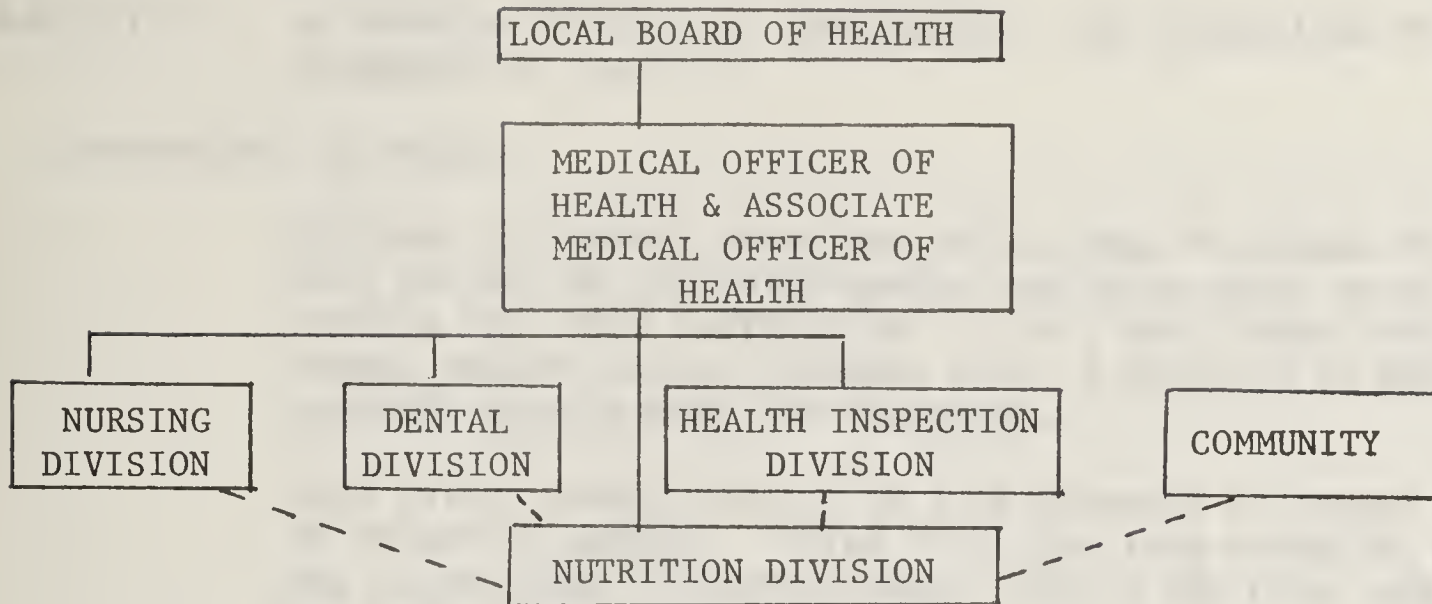
## MISCELLANEOUS TESTS

	Number of Tests	NOT Meeting Canadian Standards
Chemical Analyses of 741 Water Samples.....	4,146	170
Plate Counts on Samples from Restaurants & Beverage Rooms, Utensils.....	5,018	620
Chemical, Bacteriological & Microscopic Tests on 14 Samples, ie. Water, Milk, Foodstuffs & Foreign Matter...	56	
TOTAL	<u>9,220</u>	





## NUTRITIONIST'S REPORT

INTRODUCTION:

THE WORLD HEALTH ORGANIZATION DEFINES HEALTH AS:

a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

NUTRITION MUST BE CONSIDERED AN INTEGRAL FACTOR IN ANY PROGRAM ATTEMPTING TO PROMOTE OPTIMAL HEALTH. THE NUTRITION DIVISION CONSISTS OF ONE PERSON, THE NUTRITIONIST WHO, AS ILLUSTRATED ABOVE, ACTS IN A SUPPORTIVE MANNER TO THE MANY HEALTH PROFESSIONALS WITHIN THE LOCAL BOARD OF HEALTH AND TO THE COMMUNITY AT LARGE.

OBJECTIVE 1: TO KEEP LOCAL BOARD OF HEALTH PROFESSIONAL STAFF INFORMED REGARDING CURRENT NUTRITION INFORMATION AND RESOURCES.

## PERFORMANCE CRITERIA:

A TOTAL OF 64 IN-SERVICE SESSIONS WERE CONDUCTED WITH LOCAL BOARD OF HEALTH STAFF. SOME OF THE TOPICS CONSIDERED WERE: ORAL CONTRACEPTIVES AND NUTRIENT UTILIZATION, NUTRITION AND ATHLETES, FOMON'S WORKSHOP, GERIATRIC NUTRITION AND DIET AND HYPERACTIVITY.

CONSIDERABLE TIME WAS SPENT IN PREVIEWING AND ACQUIRING AUDIOVISUAL MATERIALS TO SUPPORT THE NUTRITIONAL COMPONENT OF THE CLINICAL PROGRAMS.

AS SOME REQUIRED MATERIALS WERE NOT AVAILABLE, IT WAS NECESSARY TO PRODUCE CERTAIN ITEMS. THESE INCLUDED: AN INFANT FEEDING MANUAL, A GUIDE TO SNACKING, REVISED INFANT NUTRITION TEARSHEETS. THE NUTRITIONIST PARTICIPATED IN 4 ORIENTATION SESSIONS FOR NEW LOCAL BOARD OF HEALTH STAFF.



IN ADDITION, THE NUTRITIONIST CHAIRED THE JANUARY IN-SERVICE PROGRAM FOR THE LOCAL BOARD OF HEALTH STAFF.

OBJECTIVE 2: TO PROVIDE NUTRITIONAL INFORMATION, AND COUNSELLING TO THE COMMUNITY AT LARGE.

PERFORMANCE CRITERIA:

LECTURES ON VARIOUS NUTRITION TOPICS WERE PRESENTED TO A WIDE VARIETY OF COMMUNITY GROUPS INCLUDING MOUNT ROYAL, ALBERTA RED CROSS INSTRUCTORS, V.O.N., REGISTERED DIETITIANS, CHURCH GROUPS, SENIOR CITIZENS ETC. A TOTAL OF 34 SUCH LECTURES WERE PLANNED AND PRESENTED.

FOOD PRICES WERE COLLECTED ON FOUR SEPARATE OCCASIONS IN ORDER TO PRODUCE A BOOKLET: GUIDE TO BETTER FOOD BUDGETING WHICH WAS DISTRIBUTED TO PROFESSIONALS BOTH AT THE LOCAL AND PROVINCIAL LEVEL.

THERAPEUTIC DIETS WERE COSTED FOR SOCIAL SERVICES.

MENU ASSESSMENTS WERE DONE FOR SEVERAL LOCAL ORGANIZATIONS. ONE OF THE MORE TIME CONSUMING ASSESSMENTS INVOLVED THE METIS SCHOOL LUNCH EVALUATION.

AN ARTICLE ON "FIBRE" WAS PRODUCED, SUBMITTED AND SUBSEQUENTLY PUBLISHED IN THE "ALBERTA HOME ECHOES", A JOURNAL RECEIVED BY ALL ALBERTA HOME ECONOMICS TEACHERS.

NEW INFANT FEEDING GUIDELINES: "GUIDE TO YOUR BABY'S CARE" WAS DISTRIBUTED TO LOCAL PHYSICIANS, HOSPITALS, AND TEACHING INSTITUTIONS.

A SECTION ON PRENATAL NUTRITION WAS ORGANIZED AND PRESENTED AS A INSTRUCTIONAL PROGRAM TO THE FIRST YEAR CALGARY MEDICAL STUDENTS. THIS INCLUDED EVALUATION IN THE FORM OF EXAMINATIONS.

OBJECTIVE 3: TO ENGAGE IN PUBLIC RELATIONS ACTIVITIES PROMOTING THE LOCAL BOARD OF HEALTH IN GENERAL AND THE NUTRITIONAL COMPONENT IN PARTICULAR.

PERFORMANCE CRITERIA:

THE NUTRITIONIST WAS INVOLVED IN PROGRAMS SUCH AS HEARTLINE AND CAMP SLIM TEEN.

INFORMATION WAS PROVIDED TO A VARIETY OF INDIVIDUALS BY WAY OF THE TELEPHONE. DURING THE YEAR A TOTAL OF 1400 TELEPHONE CALLS WERE RECEIVED.

THE NUTRITIONIST ENGAGED IN 36 INTERVIEWS.

THE NUTRITIONIST WAS INVOLVED IN 7 RADIO AND/OR TV PRESENTATIONS.







- 3 -

OBJECTIVE 4: TO ENGAGE IN PROFESSIONAL TASKS WHICH MAINTAIN PROFESSIONAL VISIBILITY THROUGHOUT THE PROVINCE.

PERFORMANCE CRITERIA:

FOUR DIETETIC INTERNS FROM THE CALGARY GENERAL HOSPITAL WERE RECEIVED FOR ORIENTATION AS TO PUBLIC HEALTH NUTRITION. A TOTAL OF 16 DAYS WAS SPENT WITH THE INTERNS. IN ADDITION, 1/2 DAY WAS SPENT WITH THREE NURSING STUDENTS.

THE NUTRITIONIST ASSISTED IN THE COORDINATION OF "THE CONTEMPORARY DIETITIAN - OPTIONS AND OPPORTUNITIES" SEMINAR SPONSORED BY THE ALBERTA REGISTERED DIETITIAN ASSOCIATION AND THE DEPARTMENT OF CONTINUING EDUCATION.

THE NUTRITIONIST ARRANGED A NUTRITION WORKSHOP FOR THE CHILD WELFARE LEAGUE OF NORTH AMERICA. THIS IS TO BE HELD IN JUNE OF 1977.

WITH ASSISTANCE FROM THE ASSOCIATE MEDICAL OFFICER OF HEALTH, THE NUTRITIONIST PREPARED A RESEARCH PROPOSAL IN DECEMBER AS ONE OF THE PRE-REQUISITES FOR ATTENDANCE AT THE HEALTH CARE EVALUATION SEMINAR HELD IN FEBRUARY, 1977.

THE NUTRITIONIST ACTED AS A CONSULTANT ADVISOR IN THE ALLOCATION OF GRANT MONIES FOR PROFESSIONAL NUTRITIONAL RESOURCES AND IN THE PRODUCTION OF NUTRITIONAL MATERIALS (SLIDE TAPE PRESENTATION ON NUTRITION FOR THE ELDERLY AND A PAMPHLET ON IRON).

THE NUTRITIONIST ATTENDED ALL REGULAR PROVINCIAL NUTRITION MEETINGS AND ALSO THE ALBERTA PUBLIC HEALTH ASSOCIATION CONVENTION HELD IN LETHBRIDGE AS WELL AS THE PUBLIC HEALTH ASSOCIATION WORKSHOP IN CALGARY. ONE WEEK WAS SPENT AT AN INFANT FEEDING WORKSHOP IN IOWA.



### FOCUS: FAMILY PLANNING

On April 1, 1976 The Calgary Local Board of Health began the administration of a family planning education outreach project. This project had originally been a part of the service offered by The Calgary Birth Control Association, and had been funded with a non-renewable grant from Health and Welfare Canada. When the grant was completed the Government of Alberta offered the program to the Calgary Local Board of Health. The Board then accepted the responsibility for its administration and supervision.

Staff for the project included an education coordinator, a half-time assistant coordinator, a corps of trained volunteers and one half-time support staff. Office space was located in the Thornhill Health Centre. At the time of transition, the name Focus: Family Planning was chosen for the project.

The project was originally designed to operate as a demand service. Focus: Family Planning has continued to function within this philosophy, although consideration of the establishment of priorities will be required due to the pressure of increased requests. From April 1 to December 31, 1976, 180 presentations were made to 4452 participants. These presentations covered a wide variety of topics and were offered to professional and lay groups (see statistical summary). Sessional educators contributed 192½ hours of presentation time.

Responsibility for supervision of practicum students was accepted by Focus. One Nursing student and one student from the Faculty of Social Welfare completed practicums during the Fall Semester. These students became part of the education team, and completed independent study projects.

As part of her professional commitment, The Education Coordinator has become The Local Board of Health's representative on the Board of Directors of Planned Parenthood, Alberta. She attended the annual general meeting of the Planned Parenthood Federation of Canada, and while there, presented a workshop titled "Community Outreach Education".

During the last week in October the Assistant Coordinator attended the American Association of Sexuality Educators, Counsellors and Therapists Conference and the International Congress of Sexology in Montreal. She also had the opportunity to visit three offices of Planned Parenthood - Montreal, Ottawa and the National Office in Ottawa. The Provincial Government's Opportunity for Interchange was attended by both professional staff members. These conferences provided valuable information and professional contacts for staff of Focus: Family Planning.

Respectfully submitted,

Judith Martindale  
Education Coordinator







## PROGRAMS

School Groups

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Winston Churchill High School	2	72
Bowness High School #1	1	38
A. E. Cross Junior High School - Biology	1	250
Crescent Heights High School	1	30
Bowness High School #2	6	105
Rideau Junior High School	3	36
Montgomery Junior High School #1	3	315
James Fowler High School	1	22
Springhill High School	3	51
E. P. Scarlett High School	1	374
Queen Elizabeth High School	4	132
Bowness High School	6	225
Western Canada High School	30	851
Montgomery Junior High School #2	6	375

Physically and Emotionally Handicapped

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Mental Health - Life Skills #1	2	24
Mental Health - Life Skills #2	2	24
C.M.H.A. - General Hospital	4	40
William Roper Hull Home #1	1	65
C.N.I.B. - Summer School Youth	4	60
Mental Health - Life Skills #4	1	10
Alberta Children's Hospital - Boys	6	107
Mental Health - Life Skills #4	2	40
Mental Health - Life Skills #5	2	35
Ramsay House (inmates)	4	43
William Roper Hull Home #2	1	17



Women's Groups

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Women's Centre - YWCA #1	2	18
Northminster Observation Nursery	1	12
Forest Lawn Single Mothers	2	22
Renfrew Observation Nursery	1	12
Westminster Observation Nursery	1	12
Women's Centre - YWCA #2	2	39

Professional Groups

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Planned Parenthood Alberta	1	30
Nursing Supervisors - Local Board of Health	1	13
V.R.R.I. - Staff Development #1	9	136
Thornhill P.H.N.'s	1	10
V.R.R.I. - Staff Development #2	5	63
Shaganappi Clinic Theatre (Local Board of Health Nurses)	2	115
Melville Scott Junior High School (staff)	1	40
V.R.R.I. - Staff Training #3	2	29
Thornhill Health Clinic - P.H.N.'s #2	11	13

Post Secondary Education

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Mount Royal College - Biology #1	1	150
U. of C. - Human Sexuality Class #1	2	100
U. of C. - Human Sexuality Class #2	1	80
Mount Royal College - Biology #2	1	60

Youth Groups

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Chimo Youth Group	1	15
Central C.G.I.T.	2	19
The Bay - Teen Council	1	15





## STATISTICS

1976

<u>Month</u>	<u>Presentations</u>	<u>Volunteer Hours</u>	<u>Attendance</u>
April	13	14½	316
May	31	57	635
June	32	22½	922
July	8	2	252
August	4	2	66
September	7	-	145
October	32	35	1056
November	38	37½	898
December	<u>15</u>	<u>20</u>	<u>162</u>
TOTAL	180	192½	4452



FAMILY PLANNING CLINIC - 1976RATES OF INCREASE OR DECREASE

PATIENTS VISITS	1975 - 3803	7% increase
	1976 - 4072	
NEW PATIENTS	1975 - 1315	8% decrease
	1976 - 1206	
SESSIONS	1975 - 196	6 fewer sessions
	1976 - 190	
PREGNANCY TESTS	1975 - 286	3% decrease
	1976 - 277	
POSTIVE TESTS	1975 - 105	17% increase
	1976 - 123	
I.U.D. INSERTED	1975 - 205	7% increase
	1976 - 221	
ORAL'S GIVEN OUT	1975 - 4889	.002% decrease
	1976 - 4883	

This service, started in 1969, continues to serve an increasing number of persons each year. The sessions are held Mondays and Thursdays in two parts, in the afternoon following closing of the baby clinic at 4:00 p.m. and evening from 6:45 to approximately 9:00 p.m. Each part is counted as one session so that comparison in the statistics may be maintained with the earlier years when only the evening hours were held.





PATIENTS ATTENDING FAMILY PLANNING CLINIC - CALGARY LOCAL BOARD OF HEALTH

1976

PATIENTS ATTEND- ING CLINIC	TOTAL PATIENT VISITS	NEW PATIENTS	SESSIONS	I.U.D. INSERTED	ORAL	PREGNANCY TESTS
JANUARY - FEBRUARY - 1,036 MARCH -	JANUARY - 383 FEBRUARY - 329 MARCH - 366 1,078	JANUARY - 112 FEBRUARY - 113 MARCH - 122 347	50	56	1,285	POSITIVE-39 73 NEGATIVE-34
APRIL - MAY - 1,007 JUNE -	APRIL - 378 MAY - 319 JUNE - 354 1,051	APRIL - 119 MAY - 91 JUNE - 101 311	48	71	1,302	POSITIVE-28 74 NEGATIVE-46
JULY - AUGUST - 963 SEPTEMBER -	JULY - 338 AUGUST - 326 SEPTEMBER - 377 1,041	JULY - 113 AUGUST - 83 SEPTEMBER - 92 288	46	58	1,146	POSITIVE-32 71 NEGATIVE-39
OCTOBER - NOVEMBER - 872 DECEMBER -	OCTOBER - 276 NOVEMBER - 320 DECEMBER - 306 902	OCTOBER - 75 NOVEMBER - 100 DECEMBER - 85 260	46	42	1,150	POSITIVE-24 59 NEGATIVE-35
YEARS COUNT 3,878	4,072	1,206	190	227	4,883	POSITIVE-123 277 NEGATIVE-154



## CALGARY HOME CARE PROGRAM

ANNUAL REPORT - 1976

Owing to the transfer of the Calgary Home Care Program from the Victorian Order of Nurses to the Local Board of Health on April 1, 1976, this report will include only nine month's data. It was felt it would be appropriate to begin with a brief description of the program as it has evolved, its objectives and criteria for admission.

HISTORY

As the first program of its kind in Alberta, and after many years of negotiation, the Calgary Home Care Program was initiated in April, 1970. The program was administered as a pilot project by the V.O.N., financed by the Alberta Hospital Services Commission with funds channelled locally through the Calgary Auxiliary Hospital and Nursing Home District No. 7.

During the initial six years, admissions to the program increased rapidly. The single greatest factor influencing expansion occurred in the third year when the criteria for admission were altered to include a single professional service, i.e. nursing or physiotherapy, in lieu of hospitalization as a qualification for admission.

The primary goal of home care remains; to combine the resources of modern medicine with the emotional, social and other contributions which family and home can make in caring for patients who still need professional services, but who do not need the full range of facilities and services of the general hospital.

DEFINITION

The Calgary Home Care Program is a community based program which provides a central contact point where persons under the care of a physician can apply for services. Basically, a home care program is an administrative framework which arranges for, co-ordinates, and controls the use of medical and para-medical services procured from community resources to meet the needs of selected patients in their own homes under the direction of the physician, and upon early discharge from the hospital or in lieu of admission to hospital.

The objectives of the program as outlined in the original contract have remained as follows:

1. to provide co-ordinated services to meet the needs of selected patients who may be adequately cared for in their homes
2. to demonstrate that a home care program can free general hospital, auxiliary hospital and nursing home beds by shortening or obviating the need for institutional care of selected patients
3. to provide continuity of comprehensive treatment and rehabilitation in the home under the direction of the family physician for patients either from hospital or from the community
4. to provide care in the environment of home and family, which, given certain essential conditions, is particularly beneficial for selected patients
5. to estimate the cost of providing co-ordinated services to selected patients at home and prepare supporting data







6. to develop methods of operating a home care program administered by an official agency which will integrate the services available in the community that are required to provide adequately for the care of patients in their own homes.

The criteria for admission to the program are:

1. the patient must be under the medical supervision of a physician
2. the patient's medical condition must be such that he can be treated adequately at home with the services available through the program
3. in addition to the physician's care, the patient must be in need of one professional service available through the program. This service, i.e. nursing or physiotherapy, must be in lieu of hospitalization
4. the patient and his family must be willing to participate in the program
5. the home situation must be judged adequate to enable care of the patient at home
6. the patient must live in the area served by the program (i.e. Calgary City limits)

#### SERVICES

A Home Care Program is made up of component parts, the services which it obtains from participating agencies. The three basic services offered and co-ordinated by the Calgary Program include visiting nursing, physiotherapy, and homemaking. Other services provided on an individual need basis include; social service consultation, transportation for medical reasons, provision of drugs and dressings, sick-room equipment - loan or rental, mobile laboratory service, Meals on Wheels, occupational therapy and respiratory therapy.

Nursing service provided by the Victorian Order of Nurses on a fee for service basis was required by 91.7 percent of the patients for an average of 8.1 visits per patient.

Physiotherapy is provided by a therapist employed by the Board of Health. Because of an increase in this area, a part-time physiotherapist supplements the service. Physiotherapy was required by 14.6 percent of the patients for an average 11.8 visits per patient.

Homemaking service is obtained primarily from the Calgary Family Service Bureau. This service was required by 11.9% of the patients for an average of 84.3 hours per patient.

Consulting services are obtained from the Social Service Department, Holy Cross Hospital. The social worker is involved in regular case conferences, and in individual consultation with patients requiring help.

Occupational Therapy consultation continues to be obtained primarily from the O.T. department of the Calgary General Hospital. Physical aids are supplied by them or obtained from the Red Cross Loan Cupboard or on a rental basis from various medical-surgical supply companies.

Two respiratory technology services that have been recently established in the city have been used occasionally for consultation and to provide equipment for patients requiring inhalation therapy at home.

Occasionally, patients on the program required the services provided by commercial agencies operating in the community. These include Calgary Home Domestics, Comcare and Health Care Services Upjohn Limited, which provide a variety of home health aides from registered nurse to homemaker.





### STATISTICAL ANALYSIS

Over the past several years, there has been an ever increasing number of patients admitted to the program as well as a greater number of physicians availing themselves of home care services for their patients. A large number of the patients admitted are in the category generally referred to as senior citizens, but we are very proud of the fact that there is a very broad age representation including large numbers of premature newborn infants discharged from hospital earlier than the traditional 2500 grams.

A total of 503 patients was admitted in the period of April 1, 1976 to December 31, 1976. This represents an increase of 14.5% over the same time period the previous year. In terms of admissions, June and November, 1976, were the most active months in the history of the program, with a total of 70 and 71 admissions respectively. During this time, a total of 493 patients was discharged. This indicates that the trend towards an active caseload which was noted in previous reports remained consistent. A total of eighty patients required two or more services provided by the program.

Owing to a continued contact with Dr. E. J. Love, Professor, Faculty of Medicine, Division of Community Health Sciences, further descriptive statistical data and tables will be available in July, 1977. Dr. Love has compiled the data generated by the program's caseload since its inception.

Since the program is financed by Alberta Social Services and Community Health, the services arranged for and agreed to by the program are provided at no direct cost to the patient. An estimated per diem cost for these services was calculated at \$12.00 and the average per patient cost \$229.69. These figures compare favorably with previous years.

### STAFF ACTIVITIES

In June, 1976 Dr. J. B. Dundas, the Medical Director, circulated a letter to the various Chiefs of Departments of the four acute hospitals. This letter explained the purpose and objectives of the Calgary Home Care Program and requested to meet with the various medical disciplines if they so wished to discuss Home Care as a viable alternative to hospitalization. The response to this was fairly disappointing.

At the monthly medical staff meeting in November at Alberta Children's Hospital, Dr. Dundas presented a summary on Home Care to the physicians present. As well, in November, a presentation was given to the third year nursing students at the University of Calgary as a part of their Community Health Program.

The program staff participated in a research project, in late November, being undertaken by the Division of Health Services Administration, University of Alberta. The main objective of this study, entitled, "Patient Classifications by Types of Care", was to develop an assessment instrument and an accurate procedure to identify and classify patient's needs according to the type of health and social services that they require. Our participation was in the form of using their assessment tool, while still in the developmental stages, to classify twenty-two randomly selected patients that were then on the caseload.

In conclusion, we should like to express our appreciation to Dr. David Hosking. His continued interest, support, and enthusiasm has made the transfer of authority from the Victorian Order of Nurses to the Local Board of Health so smooth as to go virtually unnoticed.

Respectfully submitted,

J. Brock Dundas, M.D.  
Medical Director

G. Dawn Wigmore  
Co-Ordinator





## CALGARY HOME CARE PROGRAM

## STATISTICAL REPORT

APRIL 1, 1976 - DECEMBER 31, 1976


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Number of patients referred	513
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PATIENTS REJECTED

- Home Care services not required	9
- One service only rather than nursing or physio	0
- Patient or family refused	1
- Institutional care required	0
	<u>10</u>

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PATIENTS ADMITTED

	<u>One Service</u>	<u>Two or More Services</u>	
- Acute General Hospital	294	49	343
- Patient's Own Home	33	31	64
- Day Care Centre	96	0	96
	<u>423</u>	+ <u>80</u>	= <u>503</u>

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PATIENTS DISCHARGED

- Patient can care for self	351
- Needs only one service	34
- Acute hospital care required	37
- Moved from Home Care area	4
- Auxiliary Hospital care required	4
- Patient deceased	4
- Patient refused service	2
- Referred to Public Health	57
	<u>493</u>

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TOTAL PATIENT DAYS	9,384
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Telephone inquiries referred to other agencies	177
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HEALTH EDUCATION - HEALTH PROMOTION CONSULTANT

AS OF MID-SEPTEMBER, 1976 THE LOCAL BOARD OF HEALTH ACQUIRED A PART TIME HEALTH EDUCATOR. THIS POSITION WAS A SHARED ONE WITH 51% OF THE TIME ALLOCATED TO THE BOARD AND THE OTHER 49% TO THE PROVINCE.

STATEMENT OF PURPOSE

THE HEALTH EDUCATION - HEALTH PROMOTION CONSULTANT OFFERS ASSISTANCE AND SUPPORT TO HEALTH PROFESSIONALS (BOTH AT THE PROVINCIAL LEVEL, LOCAL BOARD OF HEALTH LEVEL, AND HEALTH UNIT LEVEL) IN THE AREA OF PROGRAM DEVELOPMENT AND HEALTH PROMOTION.

KEY RESULT AREAS

LOCAL BOARD OF HEALTH

1. Development of an "in house" staff newsletter.
2. Development of an "illustrated Annual Report" suitable for distribution to schools and community organizations.
3. The production of a slide-tape production to promote Local Board of Health Programs.

PROVINCIAL

1. To assist in the organization (and delivery) of *health promotion conferences* at a regional level
2. The development of a resource handbook to be utilized by Local Health Authorities Staffs in the local production of AV materials to supplement their programs.
3. To assist in the development of a PERT chart for the development of a health promotion strategy by Local Health Authorities





KEY RESULT AREAS

CONT ...

LOCAL BOARD OF HEALTH	PROVINCIAL
<p>4. To assist with the cateologuing of educational resource materials so as to make them more accessible to Local Board of Health staff.</p> <p>5. To produce mediated packages to serve both instructionally (i.e. materials for use in schools by various divisions) and as examples of the proper use of media and instructional design.</p>	<p>4. To assist the staffs of Local Health Authorities in program development.</p> <p>5. To produce a M.P.P. document (M.P.P. = Management Planning Process) as required by the Department of Social Services and Community Health.</p>

AS OF DECEMBER 31, THE HEALTH EDUCATOR HAD BEEN WITH THE LOCAL BOARD OF HEALTH A TOTAL OF 70 WORKING DAYS. THUS, WORK HAD ONLY BEGUN IN THE ABOVE AREAS. THE ROLE OF THE HEALTH EDUCATOR - HEALTH PROMOTIONAL CONSULTANT IS AN EMERGING ONE TO BE REFINED AS THE INCUMBENT GAINS A BETTER KNOWLEDGE OF PROGRAMS AND AS HEALTH PROFESSIONALS GAIN A BETTER UNDERSTANDING OF THE ROLE OF THE HEALTH EDUCATOR. MUCH OF THIS INITIAL WORK PERIOD WAS SPENT IN ORIENTATION AND PUBLIC RELATIONS ACTIVITIES.



## CALGARY LOCAL BOARD OF HEALTH

## STATEMENT OF REVENUE AND EXPENDITURES

FOR THE PERIOD APRIL 1, 1976 to MARCH 25, 1977

REVENUE:	1977	1976
Province of Alberta Operating Advances	<u>\$4,071,085</u>	<u>\$3,241,406</u>
EXPENDITURES:		
Administration	805,195	641,646
Child Health	1,925,635	1,109,247
Health Information	91,862	274,060
Home Care Program	160,092	
Laboratory	52,933	
Mental Health and Community Services		158,396
Communicable Disease Control		180,621
Tuberculosis Control		40,679
Analytical Services		51,582
Preventive Dental Education	159,326	130,851
Dental Treatment Program	252,857	253,729
Inspection Services	501,081	397,266
Family Planning Education Outreach	<u>43,450</u>	
	<u>\$3,992,431</u>	<u>\$3,238,082</u>
EXCESS REVENUE FOR THE PERIOD	<u>\$ 78,654</u>	<u>\$ 3,323</u>

Note:

The Calgary Local Board of Health received \$56,503 from the City of Calgary as interest on advances invested by the City. This special funding will be used for special projects in 1978.







